



Application form for Language course / Internship in: Town

Country

### 1. Personal Details

Male <input type="checkbox"/>	Female <input type="checkbox"/>	<div style="border: 1px solid black; width: 100%; height: 100%; text-align: center; vertical-align: middle;">Photo</div>	
Family Name:			
First Name:			
Street and House Nr.:			
Postal code/Town:			
Country:			
Email:			
Telephone:			
Fax:			
Mobile Phone:			
Date of Birth:	Place of Birth:		Nationality:
Marital Status:	Please Choose		
Passport Nr.:			
Contact Person in case of absence:			
Address/Telephone:			

### 2. Studies

School Pupil <input type="checkbox"/>	Student <input type="checkbox"/>	Employed <input type="checkbox"/>	Other <input type="checkbox"/>
Name of School/College/University/Company:			
Kind of Professional Training/Studies:			
Contact Person at School/College/University/Company:			
Email:	Telephone:		
University Degree/Diploma/High School Degree:			

### 3. Language Skills

Foreign Language Skills (which language, when and how received):			
Evaluation of Language Skills (0 = without previous knowledge, 9 = advanced): <input type="checkbox"/>			
I would like to take part in a Language Course: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Number of weeks	from	until	
Intensive course <input type="checkbox"/>	with	Hours a week	
Other course <input type="checkbox"/>	with	Hours a week	
Private lessons <input type="checkbox"/>	with a total of	Hours	



#### 4. Internship

Is this a Voluntary Internship  Compulsory Internship

Requested type of Company/Institution and Duties/Occupation/Field of Work:

Desired length of Internship:                      Weeks From                      To

What do you expect from your Internship and your time abroad?

Have you already gained experience in the requested field? Yes  No

Please send further information in the form of a tabular CV.

#### 5. Accommodation

Preferred Accommodation (Depending upon destination (Please see Website):

Sort of accommodation: Please Choose Type of Room : Please Choose

Board : Please Choose

Accommodation from                      to

#### 6. Airport Transfer

Would you like a transfer from the Airport? (Price available at our Website)?

Yes  No

The following information can be provided up to ten days before departure.

Arrival date:                      Time:                      Airline:

Flight number:                      Departure Airport (City):

#### 7. Further Details

Would you like information about the following Insurance (without obligation)?

Travel Insurance  Accident Insurance  Liability Insurance

Further Information that we should know about you (Special Diet, Health Problems, Allergies)?

How did you get to know about us? Please Choose