

STUDENT APPLICATION FORM - 2018
PERSONAL DETAILS

Surname _____ First name _____
 Date of birth _____ Sex _____ Female _____ Male _____
 Address _____
 Country _____ Nationality _____ Identity card no _____
 Home Phone _____ Mobile _____ Other _____
 email _____

IN CASE OF EMERGENCY PLEASE CONTACT (NEXT OF KIN):

Surname _____ First name _____
 Address _____ Country _____
 Home Phone _____ Mobile _____ Other _____
 email _____

EDUCATION BACKGROUND
INDICATE YOUR AREA OF STUDY

Tourism and Catering
 Fashion and Textiles
 ICT, Communication and New Media
 Commercial management, Marketing, Business administration and management, Accountancy
 Electronics and Electrical Engineering, Mechanical Engineering and Mechatronics
 Health and social
 Construction, Environment and Territory
 Chemistry
 Other

INDICATE YOUR SCHOOL OF ORIGIN AND OTHER RELEVANT STUDY EXPERIENCES

SCHOOL NAME	FROM	TO	FIELD OF STUDIES (in english and in italian)
<i>(ES. IPSSEOA D. REA, Nocera Inferiore, SA)</i>	<i>(es. 2013)</i>	<i>(es. 2018)</i>	<i>(ES. TOURISM HOSPITALITY - ACCOGLIENZA TURISTICA)</i>

LANGUAGE KNOWLEDGE:

ENGLISH	Speaking	Beginner	Pre-Intermediate	Intermediate	Advanced
	Listening	Beginner	Pre-Intermediate	Intermediate	Advanced
	Writing	Beginner	Pre-Intermediate	Intermediate	Advanced

Number of years study:

OTHER LANGUAGES	1.	Beginner	Intermediate	Advanced
	2.	Beginner	Intermediate	Advanced
	3.	Beginner	Intermediate	Advanced

Work Experience:

NOTE: Please list shortly what kind of experience you had in your life.

COMPANY NAME	FROM	TO	POSITION / RESPONSIBILITIES / TASKS

Medical Information

Do you smoke? Yes No Are you vegetarian? Yes No
 Are you asthmatic? Yes No Are you epileptic? Yes No

Do you have any allergies? Yes No If yes, list them:

Are you diabetic? Yes No If yes, what type: A B

Do you have any special dietary needs? Yes No If yes, list them:

Are you taking any regular medication? Yes No If yes, list them: If yes, please state for what condition(s):

Do you have any special physical needs? Yes No If yes, list them:

Have you been inoculated against tetanus within the last 10 years? Yes No I don't know

Other:

Hobby

NOTE: Please let us know a little about what do you like to do in your spare time? What are your hobbies?

IMPORTANT - Interest and Aspiration on this Programme

Your vocational training (work placement) will be carried out in your area of study. If it will be not possible (for example when you should do a vocational training as "receptionist" but you do not know the language well enough to interact with the public) please indicate below in which specific sector/area (from the areas listed above) would you like to have your vocational training, in alternative. The sector must be in line with your professional/study experiences. Also please, list the tasks which you are able to do in the selected sector.

We will also present this information to your future employers as they make a final decision to give you an experience in their company. Please, complete this information clearly, understandable and fully.

1. sector & tasks:
 2. sector & tasks:
 3. sector & tasks:
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Declaration

I, _____ certify that the information I have written by myself in this application and is true and correct. I give my permission to Essenia UETP to use this information to fulfil my requirements. I also agree to this information being passed to other people and organisations as necessary.

Name & Surname:

Date:

Please enter your email address to confirm this agreement: