

STUDENT APPLICATION FORM - 2020
PERSONAL DETAILS

Family name _____ First name _____
 Date of birth _____ Gender _____ Female _____ Male _____
 Address _____
 Country _____ Nationality _____ Identity card number _____
 Home Phone _____ Mobile _____ Other _____
 email _____

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

Family name _____ 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 sector
 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. 2015)</i>	<i>(es. 2020)</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

Years of 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

TRAINEESHIP TASKS

BASED ON YOUR STUDIES, INDICATE BELOW IN WHICH SECTOR YOU THINK YOU CAN CARRY OUT YOUR TRAINEESHIP AND WHAT KIND OF TASKS YOU THINK YOU CAN PERFORM

(for example: Tourist reception - Relation with customers, preparation and serve, stocks monitoring, service in room, prepare the orders)

1. sector & tasks:
2. sector & tasks:
3. sector & 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 which medical/health condition(s):
Do you have any special physical needs?	Yes	No	If yes, list them:			
Do you have special educational needs (BES)?	Yes	No	Specify:			
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 ones listed above) you would like to carry out your vocational training, as an alternative. The sector must be coherent with your professional/study experiences. Also please, list the tasks which you are able to do in the selected sector.

We will present also this information to your future employers as they will make the 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:

Declaration

I, _____ (name, family name) certify that I have written by myself the information contained in this application and that it is true and correct. I authorize 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 & Family name:

Date:

Please enter your email address to confirm this agreement: