



PUPIL APPLICATION FORM FOR LONG TERM STAY

1. Name and address of the applicant

First name:	
Last name:	
Street:	
Postal code & city:	
Telephone:	
Mobile phone:	
Email address:	
Date of birth:	

2. Family data

I live with (choose one):

- ☐ Mother and father ☐ Mother and partner ☐ Father and partner
☐ Mother ☐ Father ☐ Other (explain):

Mother/Guardian:

First name:	
Last name:	
Daytime phone:	
Mobile phone:	
Occupation:	

Father/Guardian:

First name:	
Last name:	



Daytime phone:	
Mobile phone:	
Occupation:	

3. Brothers and sisters

Name	Age	Living home	
		Yes	No

4. Languages

Mother tongue(s):	
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Other languages:

Language	Years studied	Speaking ability			
		Poor	Fair	Good	Excellent

5. Self-Description

(A) Please describe yourself: give information about your personality (e.g. calm/reserved, energetic, independent, open, socially active, academic, athletic, etc.), your favourite leisure activities and any other interests. Describe your relationship with your family and friends, e.g. how much time do you spend with your brothers/sisters and/or friends, what is your role in the family, in what situations do you seek advice from your parents?

>>>



• **Describe yourself in 5 adjectives:**

1. _____
2. _____
3. _____
4. _____
5. _____

• **Artistic and cultural activities (please tick):**

- | | | |
|--|---|---|
| <input type="checkbox"/> cinema | <input type="checkbox"/> going to the theatre | <input type="checkbox"/> playing drama |
| <input type="checkbox"/> doing manual work | <input type="checkbox"/> taking photographs | <input type="checkbox"/> drawing and painting |
| <input type="checkbox"/> others: _____ | | |

How many hours per week? _____

• **Other activities (please tick):**

- | | | |
|-------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> television | <input type="checkbox"/> cooking | <input type="checkbox"/> going out with friends |
| <input type="checkbox"/> shopping | <input type="checkbox"/> board games | <input type="checkbox"/> others: _____ |

• **Music (please tick):**

Is music important to you?

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> neither yes nor no |
|------------------------------|-----------------------------|---|

What kind of music do you like?

- | | | |
|--------------------------------------|--------------------------------------|---------------------------------|
| <input type="checkbox"/> alternative | <input type="checkbox"/> Heavy Metal | <input type="checkbox"/> HipHop |
| <input type="checkbox"/> Rap | <input type="checkbox"/> R&B | <input type="checkbox"/> Jazz |

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- | | | |
|--|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Classical music | <input type="checkbox"/> Pop | <input type="checkbox"/> Rock |
| <input type="checkbox"/> Reggae | <input type="checkbox"/> Techno | <input type="checkbox"/> World Music |
| <input type="checkbox"/> others: ----- | | |

Do you sing?

- ☐ yes ☐ no

If yes, what kind of music? -----

Do you play an instrument?

- ☐ yes ☐ no

If yes, which instrument and how many hours a week? In an orchestra?

Which instruments do you have at home? -----

• **Sports and extra-curricular activities (please tick)**

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> badminton | <input type="checkbox"/> basketball | <input type="checkbox"/> fencing |
| <input type="checkbox"/> fitness | <input type="checkbox"/> football | <input type="checkbox"/> golf |
| <input type="checkbox"/> handball | <input type="checkbox"/> jogging | <input type="checkbox"/> combat sports |
| <input type="checkbox"/> climbing | <input type="checkbox"/> athletics | <input type="checkbox"/> cycling |
| <input type="checkbox"/> horse riding | <input type="checkbox"/> rugby | <input type="checkbox"/> swimming |
| <input type="checkbox"/> skateboarding | <input type="checkbox"/> ski | <input type="checkbox"/> tennis |
| <input type="checkbox"/> table tennis | <input type="checkbox"/> gymnastics | <input type="checkbox"/> volleyball |
| <input type="checkbox"/> water sports | <input type="checkbox"/> dancing | <input type="checkbox"/> others: ----- |

How many hours per week? -----

Are you member of a club? ☐ yes ☐ no

• **Reading and writing (please tick):**

Do you like reading? ☐ yes ☐ no ☐ neither yes nor no

What kind of texts?



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- | | | |
|---|--|---|
| <input type="checkbox"/> novels | <input type="checkbox"/> science-fiction | <input type="checkbox"/> fantasy |
| <input type="checkbox"/> detective novels | <input type="checkbox"/> biographies | <input type="checkbox"/> no-fiction books |
| <input type="checkbox"/> comics | <input type="checkbox"/> poetry | <input type="checkbox"/> newspapers |
| <input type="checkbox"/> others: _____ | | |

Do you like writing? ☐ yes ☐ no ☐ neither yes nor no

If yes, what kind of texts? _____

• **Computer (please tick):**

Do you have a computer at home? ☐ yes ☐ no

Do you use it often? ☐ yes ☐ no

If yes, how many hours a week? _____

For which activities? Tick:

- | | | |
|--|--|--|
| <input type="checkbox"/> Internet | <input type="checkbox"/> Chat | <input type="checkbox"/> E-mail |
| <input type="checkbox"/> Games | <input type="checkbox"/> Programming | <input type="checkbox"/> Drawing |
| <input type="checkbox"/> Picture editing | <input type="checkbox"/> Homework for school | <input type="checkbox"/> Others: _____ |

(B) How do you like to spend your free afternoons and weekends? What are your different roles in your community, e.g.: school, sports, and community activities? What is important to you? What parts of your daily life do you like and what parts do you find frustrating or difficult?

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(C) ACADEMIC INFORMATION

Describe your preferred subjects briefly and explain why you like them.

(D) PLANS FOR YOUR EDUCATION AND CAREER IN THE FUTURE

Describe your plans for future studies and career.

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(E) TRIPS ABROAD

Briefly describe your experiences of earlier trips abroad (if any): e.g. explain how these trips have influenced you, what you learned from them and why you enjoyed them.

6. Motivation

Please explain why you want to participate in the long term study mobility and describe what you expect to gain from participating, at both personal and academic level. Describe how you could contribute to your host family, the receiving school and the country you will be visiting.



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6. PARENTAL SUPPORT

This section is to be answered by the pupil's parent(s)/guardian(s).

How would you describe your child's character?

Please explain below why you think your child would benefit from taking part in the long term study mobility of pupils.

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7. Signatures

I, the undersigned, allow the sending school to use the data included in this form for the purposes of the selection of pupils for long term study mobility within the framework of the Erasmus+ programme. I agree that if my child is selected, these data will be communicated to the receiving school, and that the receiving school will transmit them to the family which will host my child. I understand that the data contained in this form may also be communicated to the sending and receiving National Agencies in charge of the Erasmus+ programme. All the people receiving these data will be required to treat them as confidential.

Agreed and accepted by:

Name(s) and signature(s) of Parent(s)/Guardian(s) (Date)

Name and signature of pupil (Date)

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Placement information

To be filled and submitted once the application is accepted. This information will be used to match the pupil with a suitable host family and to organise his/her travel.

1. **Name of pupil:** _____

2. **Medical requirements and health restrictions:**

Do you have any disabilities (physical restrictions, impairments) or allergies that will limit placement options or participation in everyday family and/or school activities?

☐ yes ☐ no

If yes, please explain and specify if any aids, adaptations or special assistance will be required:

--

I CANNOT live with:

Cats	Dogs	Other pets:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

3. **Dietary requirements:**

Do you have dietary restrictions, e.g. for medical, religious or other self-imposed reasons?

☐ yes ☐ no

If yes, please explain:

--

If you are a vegetarian, are you willing to eat:

Fish	Poultry	Dairy products
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. **Smoking**

Do you smoke?

☐ yes ☐ no

Must you be hosted in a non-smoking home?

☐ yes ☐ no

5. **Other**

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Are there any other aspects that need to be considered in order to select a suitable host family?

☐ yes ☐ no

If yes, please explain:

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6. For visa and travel purposes

City of birth:		Country of birth:	
Date of birth:			
Nationality:			
Passport / ID:			
Number:		Issue date:	
Place of issue:		Expiration date:	

7. Signatures

I, the undersigned, allow the sending school to communicate the personal data contained in this form to the receiving school and the host family for the purposes of the planned long term study mobility within the framework of the Erasmus+ programme. These data may also be communicated to the National Agencies in charge of the Erasmus+ programme. All those people receiving these data will be required to treat them as confidential.

Name(s) and signature(s) of Parent(s)/Guardian(s) (Date)

Name and signature of pupil (Date)