ACADEMIA 2023-2024

**European Exchange of Guidance Practitioners**

**APPLICATION FORM**

|  |  |
| --- | --- |
| **Your Personal Details** | |
| **Name** |  |
| **Surname** |  |
| **Nationality** |  |
| **Date of Birth** |  |
| **Gender** | **Male □ Female □ Non bin □** |
| **Your Address** | |
| **Street** |  |
| **Town** |  |
| **Post Code** |  |
| **Country** |  |
| **Tel:** |  |
| **Mobile:** |  |
| **Private Email:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Your Place of Work** | | | | |
| **Organisation** | |  | | |
| **Type of organisation** | |  | | |
| **Street** | |  | | |
| **Town** | |  | | |
| **Post Code** | |  | | |
| **Country** | |  | | |
| **Work Telephone** | |  | | |
| **Work Fax** | |  | | |
| **Work E-mail** | |  | | |
| **Your Employment** | | | | |
| **Job Title** | |  | | |
| **What main functions and tasks do you have in your work?** | |  | | |
| **How long have you worked in guidance?** | |  | | |
| **Your Language Skills (include your native language/s)** | | | | |
| **Please indicate your ability (basic, good, fluent)** | | | | |
| **Language** | | | **Speak** | **Read/Write** |
| **1** |  | |  |  |
| **2** |  | |  |  |
| **3** |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
| **The Exchange**  **Please indicate your preferences** | | | | |
| Please select the exchanges you would like to participate in, in order of preference. You can find details of the exchanges on offer at [www.euroguidance.eu/international-mobility/training-opportunities](http://www.euroguidance.eu/international-mobility/training-opportunities) | | | | |
| **1** | |  | | |
| **2** | |  | | |
| **3** | |  | | |
| Why have you chosen these exchanges? What are your interests and what would you like to learn in the hosting country? | |  | | |
| How would you disseminate the experience and knowledge acquired on the exchange to your colleagues? | |  | | |
| **Other comments** | | | | |
| **Do you have any dietary requirements (ie vegetarian, allergies)** | |  | | |
| **Do you have any other health requirements or disabilities?** | |  | | |
| **Any additional comments (including sources of funding for the mobility)** | |  | | |

Please send this completed form before the mid of November to the Academia co-ordinator in your home country.