Please attach a recent passport photograph

**ERASMUS +**

**APPLICATION FORM**

Application mustbe made through the International Exchange Co-ordinator in the home institution

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| **STUDENT PERSONAL DETAILS** | |
| Name(s) |  |
| Surname |  |
| Date of birth, age |  |
| Sex |  Male  Female |
| Home address  (including postcode, town, country) |  |
| Term-Time address  (if different) |  |
| Home telephone |  |
| Mobile |  |
| E-mail address |  |

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| **HOME /SENDING INSTITUTION** | |
|  | |
| Erasmus Coordinator |  |
| Telephone(s) |  |
| Fax |  |
| E-mail address |  |
| Mailing address |  |

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| **EDUCATION & QUALIFICATIONS** | |
| Study programme |  |
| Principal study (e.g. instrument) | |  |
|  | |  |
|  | |  |
| Professor in main field of study: | |  |
| **LANGUAGE SKILLS** | |
| Mother tongue:  Please indicate your language skills other than mother tongue:  1) Language\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fluent  Good  Moderate  Limited  None   2) Language\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fluent  Good  Moderate  Limited  None   3) Language\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fluent  Good  Moderate  Limited  None   Will you, if necessary, be studying the language of the host institution before the exchange period? Yes  No  | |

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| **COMPUTER SKILLS** | | |
| Basic  | Intermediate  | Advanced  |
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| **AUDITION** | | |
| If the receiving institution requires you to send in a certified recording of your audition repertoire, please fill in the following:  I have included a certified\* recording of my audition repertoire Yes  No   List of pieces performed on your recording:              \*Please let the teacher of your main subject sign the recording to certify that the recording is your own performance. | | |

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| **DRIVING LICENCE** | **WILL YOU BRING A CAR WITH YOU?** |
| Yes  No  | Yes  No  |

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| **EMERGENCY CONTACT** | |
| PERSON (relatives, family, close friend) TO BE NOTIFIED IN CASE OF EMERGENCY: | |
| Name, surname |  |
| Home address |  |
| Telephone(s) |  |

|  |  |
| --- | --- |
| **ACADEMIC REFERENCES** | |
| Name, surname |  |
| Department/programme |  |
| Telephone |  |
| E-mail |  |

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| **I CERTIFY THAT THE INFORMATION GIVEN IS C0RRECT** |
| Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (name, surname, signature) |