

## INTERNATIONAL STUDENT:

### Student:

Name and surname:

Nationality:

Complete address:

Date of birth:

Telephone:

E-mail:

### Studies:

Area:

Degree:

University name:

### Level of languages:

Please rate your language skills, including your native.

Level of languages	Advanced C1/C2	Intermediate B1/B2	Elementary A1	Beginner A2
Spanish				
English				
Native:				

### Duration of the training:

From: to:

Duration in months:

### Where you would like to take your training:

☐ Restaurant

☐ Agriculture

☐ Marketing

☐ Other:

☐ Hotels

☐ Food processing

☐ Art

☐ Education

☐ Trade

☐ Administration

**Working areas:**

- |                                         |                                         |                                               |
|-----------------------------------------|-----------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Recepcion      | <input type="checkbox"/> Kitchen        | <input type="checkbox"/> trade                |
| <input type="checkbox"/> Restaurant     | <input type="checkbox"/> Sale/Marketing | <input type="checkbox"/> Production           |
| <input type="checkbox"/> Administracion | <input type="checkbox"/> Finance        | <input type="checkbox"/> Other Specify: _____ |

**Accommodation:**

Would you like to rent a room: ☐ YES ☐ NO

Do you smoke: ☐ YES ☐ NO

**Scholarship:**

Do you have any scholarship: ☐ YES ☐ NO  
What type:

**Studies abroad:**

Did you study abroad: ☐ YES ☐ NO  
Where:

**Medical information:**

Any health issues that requires emergency treatment: ☐ YES ☐ NO  
If yes, please explain:

**Any disability/Special needs:**

(Describe)

**Person to contact in case of emergency:**

(Name, address, phone, relationship to student)

I certify that all the information provided in the application form are correct and complete to the best of my knowledge.

**Date:**

**Sign:**