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| PROGRAMME DETAILS  |  |
| **Project Name (please also add the project number)** | ***ACCREDITAMENTO 2024-2025******2024-1-IT02-KA121-SCH-000197594*** |  |  |
| **Request of participation in:****(sign one or more options)** | * **“Group mobility of school pupils”**
* **“Long-term learning mobility of pupils”**
 |  |  |
| **Name and Surname** |  |  |  |
| **Age** |  |  |  |
| **School** | **LICEO STATALE PASCASINO** |  |  |
| **Class** |  |  |  |
| PERSONAL INFORMATION |
| **Family Name** |  | **First Name** |  |
| **Date of Birth**  |  | **Address** |  |
| **Place of Birth** |  |
| **Nationality** |  |
| **Sex** | [ ]  **Male** **[ ]  Female** **[ ]  Undefined** | **City** |  |
| **Post Code** |  | **Region** |  |
| **Passport / ID Number** |  | **Country** |  |
| **Mobile** |  | **Telephone** |  |
| **Do you have a valid driving license?**  | [ ]  **Yes** **[ ]  No** | **Email** |  |
| **WHO SHOULD WE CONTACT IF THERE IS AN EMERGENCY?** |
| **Name** |  |
| **Address** |  | **Relationship** |  |
| **City** |  | **Country** |  |
| **Post Code** |  | **Telephone** |  |
| **Mobile** |  | **Email** |  |
| **YOUR HEALTH** |
| **Do you have any special dietary needs? ()** | [ ]  **Yes** **[ ]  No *If yes, please tell us about them:*** |
| **Do you have any allergies? ()** | [ ]  **Yes** **[ ]  No *If yes, please tell us about them:*** |
| **Do you have any special needs? ()** | [ ]  **Yes** **[ ]  No *If yes, please tell us about them:*** |
| **Do you smoke? ()** | [ ]  **Yes** **[ ]  No**  |
| **Are you taking any regular medication? ()** | [ ]  **Yes** **[ ]  No *If yes, please tell us about it :*** |
| **Are you receiving any medical treatment? ()** | [ ]  **Yes** **[ ]  No *If yes, please tell us about it:*** |
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| **YOUR ACCOMMODATION** |
| *During your stay, you will be responsible for any damage you cause to the property, and will be expected to contribute to the cleanliness and tidiness of your accommodation. Do you understand and agree to this? ()* *[ ]  Yes* *[ ]  No* |
| *During your stay you will be responsible for the safety and security of your own personal possessions, including your money, travel tickets and passport or identity card. Do you understand and agree to this? ()* *[ ]  Yes* *[ ]  No*  |

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| **YOUR CERTIFICATION**  |
| **Valid: From** | **To** | **Name** | **Exams passed and grade** |
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| **Please list your computer skills:** |
|  |
| **Please list any languages you can speak, indicating your level and the number of years you have studied** |
| English | Oral comprehension () | [ ]  A1 [ ]  A2 [ ]  B1 [ ]  B2 [ ]  C1 |
| Speaking ability () | [ ]  A1 [ ]  A2 [ ]  B1 [ ]  B2 [ ]  C1 |
| Number of years study |  |
| Other Languages | #1: Spanish | [ ]  A1 [ ]  A2 [ ]  B1 [ ]  B2 [ ]  C1 |
| #2: French | [ ]  A1 [ ]  A2 [ ]  B1 [ ]  B2 [ ]  C1 |
| others | [ ]  A1 [ ]  A2 [ ]  B1 [ ]  B2 [ ]  C1 |
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| **WORK EXPERIENCE** |
| **Company/Activity** | **From** | **To** | **Responsibilities** |
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| **Have you ever worked abroad? ()** [ ]  Yes [ ]  No If yes, please give details: |
| YOUR HOBBIES, INTERESTS AND ASPIRATIONS |
| **Please tell us a little about your hobbies, interests and what you do in your spare time:** |
| **YOUR FUTURE** |
| **What do you want to do at the end of your studies?****What are your career goals or ambitions?** |
| STUDENT DECLARATION |
| I certify that the information I have given in connection with this application is true and correct. I give my permission for the intermediary agency to use this information to fulfil my requirements and agree to this information being passed to other people and organisations as necessary. Name and Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:  |
| PARENT 1 (or LEGAL GUARDIAN) DECLARATION |
| I certify that the information I have given in connection with this application is true and correct. I give my permission for the intermediary agency to use this information to fulfil my requirements and agree to this information being passed to other people and organisations as necessary. Name and Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:  |
| PARENT 2 DECLARATION |
| I certify that the information I have given in connection with this application is true and correct. I give my permission for the intermediary agency to use this information to fulfil my requirements and agree to this information being passed to other people and organisations as necessary. Name and Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:  |

Scheda punteggio

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|  | Punteggio  |
| Profitto scolastico - Media dei voti secondo quadrimestre a.s. 2023/2024: | * Media voti 6/7= 7 punti
* Media voti 7/8= 8 punti
* Media voti 8/9= 9 punti
* Media voti 9/10= 10 punti
 |  |
| Livello di conoscenza della lingua inglese (marcare il livello di competenza posseduto, anche senza certificazione) | * A1/A2= 7 punti
* A2/B1= 8 punti
* B1/B2= 9 punti
* B2/C1= 10 punti
 |  |
| Livello di conoscenza della lingua spagnola (marcare il livello di competenza posseduto, anche senza certificazione): | * A1/A2= 7 punti
* A2/B1= 8 punti
* B1/B2= 9 punti
* B2/C1= 10 punti
 |  |
| Livello di conoscenza della lingua francese (marcare il livello di competenza posseduto, anche senza certificazione): | * A1/A2= 7 punti
* A2/B1= 8 punti
* B1/B2= 9 punti
* B2/C1= 10 punti
 |  |
| Possesso di certificazioni linguistiche: INGLESE CAMBRIDGE | * A1- punti 5
* A2- punti 6
* B1- punti 7
* B2- punti 8
* C1- punti 9
* C2- punti 10
 |  |
| Possesso di certificazioni linguistiche: FRANCESE DELF | * A1- punti 5
* A2- punti 6
* B1- punti 7
* B2- punti 8
* C1- punti 9
* C2- punti 10
 |  |
| Possesso di certificazioni linguistiche: SPAGNOLO DELE | * A1- punti 5
* A2- punti 6
* B1- punti 7
* B2- punti 8
* C1- punti 9
* C2- punti 10
 |  |
| Livello di competenze digitali | * Ottimo – punti 5
* Discreto – punti 4
* Buono – punti 3
* Sufficiente – punti 2
* Nessuno – punti 0
 |  |
| Comportamento (lo sviluppo delle competenze di cittadinanza, allo Statuto delle studentesse e degli studenti, al Patto educativo di corresponsabilità e ai regolamenti approvati dalle istituzioni scolastiche): | * Voto 8= 8 punti
* Voto 9= 9 punti
* Voto 10= 10 punti
 |  |
| Totale punteggio |  |