

St. John's Central College

European Projects Application Form

Personal Details

Surname:

Forename:

Address:

Date of Birth:

Telephone (Home):

Telephone (Mobile):

Course Title:

Class Teacher:

Nationality:

Email:

Project Details

Project Type: Leonardo Da Vinci / Comenius

Destination Country:

Academic Year:

Language of Destination Country:

Do you speak the language of the destination country: Fluently / Well / Little / No

Medical Details

Please state any medical conditions or allergies from which you suffer and list any medication you may require during the course of the project. If there are none you must state this.

Next of Kin Surname:

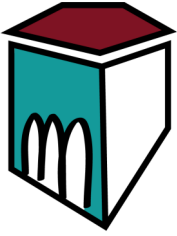
Next of Kin Forename:

Next of Kin Address:

Next of Kin Telephone (Home):

Next of Kin Telephone (Mobile):

Relationship of Next of Kin to you:



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Other

Outline the reasons you would like to participate on this project: (You should specify how the project relates to your course of study, can your language skills be improved, does the project relate to your future employment plans etc.)

Have you participated on any European Union funded projects in the past, if yes give details of the project type and year:

Give a brief outline of your previous travel experience:

List any languages that you can speak (other than English):

Signature

Signed:

Date:

Completed application forms should be returned to Mr G. Brennan, Student Services Building