



**Enrolment form – International week
16th – 20th April 2018**

Personal Data

Name: _____

Age: _____

Gender: _____

Home Address:

Street: _____

Postal Code and City: _____

Country: _____

Mobile Phone (incl. country code): _____

E-mail: _____

Chronic diseases that needs special treatments:

Allergies:

Nourishment :

- Vegetarian ___Yes ___No

- Other restrictions: _____

In case of emergency contact:

Name: _____

Phone (incl. country and local code): _____

Mobile Phone (incl. country code): _____

Email: _____

Bring your European Health Security Card or your private Health Insurance Card

<p>Home Institution Official name: _____ _____</p> <p>International coordinator: Name: _____ Phone: _____ Fax: _____ E-mail : _____</p>

<p>Current studies Field of study at home university: - _____</p> <p>Number of completed school years:- _____</p> <p>Language Competence Mother tongue: How do you estimate your language competence (poor; fair; good) concerning:</p> <table border="1"> <thead> <tr> <th></th> <th>Understanding</th> <th>Speaking</th> <th>Writing</th> <th>Reading</th> </tr> </thead> <tbody> <tr> <td>English</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>French</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Spanish</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Portuguese</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Understanding	Speaking	Writing	Reading	English					French					Spanish					Portuguese				
	Understanding	Speaking	Writing	Reading																					
English																									
French																									
Spanish																									
Portuguese																									

Travel informations	Date	Code Flight	Hour	Observations
Arrival at Lisbon airport				
Departure from Lisbon airport				

Please **send this information to:**

George Camacho

E-mail: george.camacho@ese.ipsantarem.pt

Fax:...+351+243 309 189

Phone:...+351+243 309 180