



**Enrolment form – International week
22nd – 26th April 2019**

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

Home Institution
Official name: _____

International coordinator:
Name: _____
Phone: _____
Fax: _____
E-mail : _____

Current studies
Field of study at home university: -

Number of completed school years:-

Language Competence
Mother tongue:
How do you estimate your language competence (poor; fair; good) concerning:

	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:**

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