**EL PLAZO LÍMITE** DE PRESENTACIÓN FINALIZA el domingo 11 de junio.

COMPRUEBA QUE ADJUNTAS A TU SOLICITUD:

1. **Éste formulario en inglés**
2. Comprueba que tu **pasaporte y/o DNI tiene más de 6 meses de validez.**

(*La selección será realizada por la organización de acogida “Solna”*)

|  |
| --- |
| **YOUR PERSONAL DETAILS** |
| Family name |  |
| First name |  |
| Gender: | [ ]  Male  | [ ]  Female |
| Date of birth |  | Place of birth |  |
| Address: Street, Post Code, City, Country |  |
| Nationality |  | Passport or ID number |  |
| Phone number |  | E-mail |  |
| Employment situation | [ ]  [unemployed](http://www.linguee.com/english-spanish/translation/unemployed.html) | [ ]  Employee |
| Education | [ ]  Secondary Education (ESO )[ ]  High School (Bachillerato)[ ]  Vocational training intermediate/higher level (CFGM/CFGS)[ ]  University Degree[ ]  Other: (*specify*) |
| Have you participated in European Mobility activities organized by Imagina and/ Erasmus +? |
|  |
| Do you belong to any association in Alcobendas? | **No** [ ]  | **Yes** (indicate)[ ]  |

|  |
| --- |
| **Language skills:** |
| **Language:** | **Fluent:** | **Good:** | **Basic:** |
| English | [ ]  | [ ]  | [ ]  |
| Other | [ ]  | [ ]  | [ ]  |
| Others |  |

|  |
| --- |
| **Motivation for the activities and the project** |
| Please, in few words, describe your motivation for doing this project. What are your expectations? Why do you apply for? And what could you add to this project? |
|  |
| Did you have contact with refugees before? And/or Did you have some experiences with [juggling](http://forum.wordreference.com/threads/juggling.267249/) or circus activities/events before?  |
|  |
| Briefly describe your personality, strengths, things you can share to others: |
|  |
| Do you have experiences in voluntary work or through internships? If yes, please, give us some details (place, kind of work, for how long, etc.)  | Yes[ ]  | No[ ]  |
|  |

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| --- |
| **More Info** |
| Do you smoke? | Yes [ ]   | No [ ]  | Are you vegetarian? | Yes [ ]   | No [ ]  |
| Do you have any special need, allergies…? (Please, if yes give details) |
|  |
| Do you have any health related limitations which could influence your daily life? (If yes, please give details) |
|  |
| Would you like to add something else? |
|  |

**IMAGINA**

**C/ Ruperto Chapi, 18 🞘 28100 Alcobendas 🞘 Spain**

**europa@imagina.aytoalcobendas.org**

*The personal data are incorporated and treated in the file "IMAGINA", whose purpose is the information and the dissemination of activities and participatory programs for young people. This file is registered in the General Register of the Spanish Agency of Data Protection with the number 2123270752. The body responsible for the file is the Management of Patronato de Bienestar Social and the address before which the rights of access, rectification, cancellation and opposition can be exercised is the Servicio de Juventud, Infancia y Adolescencia, c/ Ruperto Chapí nº 18, 28100-ALCOBENDAS (MADRID).*

*All that is reported in compliance with Article 5 of Organic Law 15/1999, of December 13, on the Personal Protection Data.*