



**Enrolment form – International week
15th – 19th April 2024**

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>_____</p> <p>International coordinator:</p> <p>Name: _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>E-mail : _____</p>
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<p>Current studies Field of study at home university: -</p> <p>_____</p> <p>Number of completed school years:-</p> <p>_____</p> <p>Language Competence</p> <p>Mother tongue:</p> <p>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				
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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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