



APPLICATION FORM

NAME AND SURNAME:		NATIONALITY	AGE:
CURRENT ADDRESS (street,town,province/region,post/zip code):		DATE OF BIRTH (dd/mm/yyyy):	PLACE OF BIRTH:
PASSPORT N°:	MOBILE N°:	SKYPE:	EMAIL:
MOTHER TONGUE/S:		HOW LONG HAVE YOU BEEN LIVING IN AN ENGLISH COUNTRY/STATE?	
UNIVERSITY:		DEGREE NAME:	
GRADE/YEAR:	STUDENT:	EXPECTED GRADUATION DATE:	
ARE YOU STUDYING SPANISH?		SPANISH LEVEL (EUROPEAN FRAMEBAR):	
YOU CAN APPLY FOR 6 OR 9 MONTHS		FOR HOW LONG ARE YOU AVAILABLE?	
COULD YOU PROVIDE A UNIVERSITY TRAINING AGREEMENT?		DO YOU HAVE PENDING STUDENT LOANS?	
IS IT YOUR YEAR ABROAD/ CO-OP/GAP YEAR?		DOES IT COUNT TO YOUR CREDITS?	
WHERE DID YOU HEAR ABOUT OUR PROGRAMME?		DO YOU HAVE A TEFL CERTIFICATE OR EQUIVALENT?	
HAVE YOU TRAVELLED ABROAD BEFORE? HAVE YOU EVER WORKED ABROAD BEFORE? IS THIS YOUR FIRST TIME IN SPAIN? :			
HOBBIES:		PLEASE DESCRIBE YOUR PERSONALITY (MIN. 5 ADJECTIVES)	
DO YOU SMOKE?	DO YOU DRINK ALCOHOL?	WOULD YOU LIKE TO LIVE WITH A HOST FAMILY THAT HAS PETS?	
WHAT IS YOUR MOTIVATION TO BECOME AN ENGLISH LANGUAGE ASSISTANT IN SPAIN? WHAT DO YOU EXPECT TO GAIN FROM THE PROGRAM:			
POINT OUT THREE THINGS THAT CONCERN YOU ABOUT BEING AN ENGLISH LANGUAGE ASSISTANT: 1. 2. 3.			
WHAT ARE YOUR BEST ASSETS TO BECOME AN ENGLISH LANGUAGE ASSISTANT?			
DO YOU HAVE ANY PREVIOUS EXPERIENCE WITH CHILDREN AND TEENAGERS? IF SO, PLEASE EXPLAIN:			
DO YOU HAVE SUFFICIENT FUNDS TO COVER THE COST OF FLIGHTS AND EXTRA MONEY TO COVER PERSONAL EXPENSES IN SPAIN?:			
PLEASE INDICATE ANY OTHER PERSONAL INFORMATION OR SPECIAL COMMENTS YOU FEEL MAY BE RELEVANT:			
ARE YOU SUFFERING FROM ANY ILLNESS, ALLERGY OR INTOLERANCE? DO YOU FOLLOW ANY SPECIAL DIET? HAVE YOU EVER HAD A SURGERY? IF SO, SPECIFY:			

Please enclose a handwritten cover letter (no more than 20 lines), your CV, your academic transcript and a picture of you.

Send the documents and this form to: internship@internshipspain.org