



Travel to ExChange Your Life!

Sending/supporting organisation

Name: _____

Address: _____ PIC: _____

Phone: _____

E-mail: _____ Skype: _____

Contact person: _____



Curriculum Vitae

Contact Information

Surname: _____

First name(s): _____

Address: _____

Postcode & city: _____

Country: _____

Phone: _____

Email: _____

(Photo)

Personal information

Gender: _____ Nationality: _____

Date of birth: _____ Place of birth: _____

Education: _____

Person to contact in case of emergency (Name, Address, Telephone and E-mail)



Travel to Exchange Your Life!

Do you have any former work and/or volunteer experiences? (Please describe)

Do you have any leisure time activities or hobbies? (Please describe)

Do you have any former international experiences (other stays abroad, exchanges etc.)? (Please describe)

How will you describe your personality?

Do you have any special needs (medical conditions, handicaps etc.)? Yes ___ No ___

Do you have any kind of allergy? Yes ___ No ___

Do you need to take any kind of medicine? Yes ___ No ___

Are you a vegetarian? Yes ___ No ___

Is there any food you do not eat? Yes ___ No ___

Please give further description if you have answered yes to any of the above questions



Travel to Exchange Your Life!

The European Solidarity Corps aims to promote social inclusion by facilitating access to all opportunities to young people with fewer opportunities. This includes; disabilities, health problems, educational difficulties, cultural differences, economic/social/geographical obstacles, young people from marginalised communities or at risk of facing discrimination.

Are you included in one of these categories? If so, please explain

Do you like animals/domestic pets? Yes ___ No ___

Do you smoke? Yes ___ No ___

Can you accept living with a host family? Yes ___ No ___

Do you hold a drivers licence? Yes ___ No ___

What are your future plans after ESC?

Language abilities

Language (mark by x)	Native	Fluent	Good	Basic
Danish				
English				



Travel to ExChange Your Life!

Your motivation – Which project interest you?

Name of the project: _____

When can you start the project
and for how long: _____

Please describe below carefully your motivation for this specific project

DATA PRIVACY DISCLAIMER

I agree that ICYE may collect, use and share my personal data as well as the data provided for third parties mentioned in this form (your emergency contact), with the following programme stakeholders: hosting organisation, host family, host placement, insurance company and the ICYE International Office.

In accordance with our data protection policy [available at <http://www.icve.org/data-privacy/>], your personal data will be securely stored and be kept indefinitely for statistical, bookkeeping and transparency reasons, but by no means for commercial or promotional purposes. If you do not want your data to be stored, please contact your sending organization.

If you would like your data to be deleted at the end of your contract/volunteering period, or at a later date, please inform/contact your sending organisation.

Please tick one of the following boxes: *I consent* *I do not consent*

Date Signature of Candidate _____

If selected to participate in the ICYE volunteering programme, I also agree that ICYE may collect and use my photos and articles on the website, on social media, in newsletters, etc. for promotional purposes.

Please tick one of the following boxes: *I consent* *I do not consent*

Date Signature of Candidate _____