



Education and Culture DG

Lifelong Learning Programme

LLP/ERASMUS PROGRAMME

# ERASMUS INTENSIVE LANGUAGE COURSES 2009-10

**Countries involved:** Belgium (Flemish Community); Bulgaria; Cyprus; Czech Republic; Denmark; Estonia; Finland; Greece; Hungary; Iceland; Italy; Latvia; Lithuania; Malta; the Netherlands; Norway; Poland; Portugal; Romania; Slovakia; Slovenia; Sweden; Turkey.

## APPLICATION FORM FOR USE BY COMENIUS ASSISTANT

1. to be filled in *electronically*;
2. to be submitted by *e-mail* by the applicant to the EILC host institution as soon as they their Comenius Assistants status has been confirmed (June/August)<sup>1</sup>(for summer/autumn courses 2008) or by 31st October (for winter/spring courses 2009);
3. an electronic confirmation from the selecting institution of the status of the applicant as a Comenius Assistant should be sent by e-mail with the application.

**Please note that your application does not automatically entitle you to participate in an EILC. The organising institution will carry out selection of students and inform each applicant of the final selection. It is not possible to attend more than one EILC.**

### • APPLICANT PERSONAL DATA

- Family name	
- First name	
- Gender	<input type="checkbox"/> F (female) <input type="checkbox"/> M (male)
- Date of birth	
- Nationality	
- Personal E-mail address (or fax n° if the e-mail is not available)	E-mail: .....@..... (Fax:)
- Additional E-mail address to be used in case of need	E-mail: .....@.....

### • OTHER PERSONAL INFORMATION

- Current address (valid until .././.)	Street: ..... City: ..... Postal code: ..... Country: .....
- Tel n° of current address	+.../...../.....
- Summer address (valid until .././.)	Street: ..... City: .....

<sup>1</sup> If possible, Comenius Assistants should apply immediately after their Comenius Assistants status has been confirmed. Note that deadline for Erasmus students to apply for EILC summer/autumn courses is end of May 2008.

	Postal code: .....
	Country: .....
- Tel n° of summer address	+.../.../.....

• **HOME INSTITUTION (IF APPLICABLE)**

**COUNTRY:.....**

- Name	
- City	
- E-mail/Tel./Fax of Contact person	E-mail: .....@..... Tel. : +.../.../..... Fax: +.../.../.....

• **INSTITUTION AT WHICH ASSISTANTSHIP WILL BE CARRIED OUT**

**COUNTRY:.....**

- Name	
- City	
- E-mail/Tel./Fax of Contact person	E-mail: .....@..... Tel. : +.../.../..... Fax: +.../.../.....

• **PERIOD OF ASSISTANTSHIP**

- Number of months	
- Starting date	.../.../....

• **LANGUAGE COMPETENCE**

- Level of competence in the host country language I (beginner); II (intermediate)	
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• **REQUESTED EILC COURSES**

	<i>Organising institution</i>	<i>Date (from...to...)</i>
- First choice		
- Second choice		
- No choice – Accept any institution		

*I confirm that the information provided in this application is true and accurate. In case I have to withdraw from the course, I will immediately inform the EILC host institution.*

*Applicant's confirmation (name and surname)*

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Date:.....