

**« Before »
inquiry form**

Date

For the project to be successfully carried out, please make sure that the data you provide correspond to the truth and you fill the questioner by yourself..

Title of this training course:.....

Name:

Surname:

Nationality:

Address:

Date of birth:

Place of birth:

Gender **M**

F

PASSPORT Number:

(Future) Professional Qualification:

Level of schooling completed:

Work experience (Internships in the past):

Level of knowledge of foreign languages:

Italian: good average poor

English: good average poor

German: good average poor

Other: good average poor

Your (personal and professional) interests/motivation to do this course:

What do you expect from the structures in which you will take internship?

What do you think about your professional competences?

What are the reasons why you accepted to take part in this course?:

Work Personal cultural growth Hobby to increase your chances to find a job

Other _____

What do you expect from your lecturers? (you can tick more than one option)

Good knowledge communication skills Experience Human relation Nothing in particular

Other _____

What do you expect from the Hosting organisation?

What would you expect from the organising staff? From your tutor? (you can tick more than one option)

Efficiency Flexibility Competence Quickness Assistance Other -----

Do you know the aims of the programme ?

Yes No

Have you read the contract ?

Yes No

Dziękuję !!