

Application Form

NAME AND SURNAME:			NATIONALITY:		AGE:
CURRENT ADDRESS (stree	et, town, province, post/zip c	ode) DATE O	F BIRTH (dd/mm/yyy)	PLACE OF BIR	RTH:
PASSPORT NUMBER:	MOBILE NUMBER:	SKYPE:	EMAIL:		
MOTHER TONGUE/S:		HOW LONG	HAVE YOU BEEN LIVING	IN ENGLISH C	OUTRY/STATE:
UNIVERSITY		DEGREE:	r. Y		
GRADE/YEAR:	STUDENT:		EXPECTED GRADUA	TION DATE:	
ARE YOU STUDYING SPANISH	?	SPANISH LEVEL ((EUROPEAN FRAMEBAR)		
THIS INTERNSHIP IS FOR 9 N	MONTHS FOR	R HOW LONG A	RE YOU AVAILABLE?		
COULD YOU PROVIDE A UNIVE	RSITY TRAINING AGREEMENT	Γ? D	O YOU HAVE PENDING ST	UDENT LOANS	?
IS IT YOUR YEAR ABROAD/CO-OP/GAP YEAR?			DOES IT COUNT TO YOUR CREDITS?		
WHERE DID YOU HEAR ABOUT THE PROGRAMME?			DO YOU HAVE TEFL CERTIFICATION OR EQUIVALENT?		
HAVE YOU TRAVELLER ABROA	AD AGAIN? HAVE YOU EVER W	VORKED ABROA	D BEFORE? IS THIS YOUR	R FIRST TIME IN	SPAIN?
HOBBIES:		PLEASE [DESCRIBE YOUR PERSON.	ALITY (MIN. 5 AI	DJECTIVES):
DO YOU SMOKE?	OO YOU DRINK ALCOHOL?		VOULD YOU LIKE TO LIVE		
POINT OUT THREE THINGS THA 1. 2.	AT CONCERN YOU ABOUT BEI	ING AN ENGLISH	LANGUAGE ASSISTANT:		
3. WHAT ARE YOUR BEST ASSET	S TO BECOME AN ENGLISH LA	ANGUAGE ASSIS	STANT?		
DO YOU HAVE ANY PREVIOUS	S EXPERIENCE WITH CHILDRE	N AND TEENAGE	ERS? IF SO, PLEASE EXPL	AIN:	
DO YOU HAVE SUFFICIENT FU	NDS TO COVER THE COST OF	FLIGHTS AND			
EXTRA MONEY TO COVER PER	RSONAL EXPENSES IN SPAIN?				
PLEASE INDICATE ANY OTHE	R PERSONAL INFORMATION O	OR SPECIAL COM	MENTS YOU FEEL MAY BI	E RELEVANT:	
ARE YOU SUFFERING FROM AI HAVE YOU EVER HAD A SURGI					HAT PURPOSE

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