

Annex: Placement information

To be filled and submitted once the application is accepted. This information will be used to match the pupil with a suitable host family and to organise his/her travel.

1. Name of pupil:

2. Medical requirements and health restrictions

Do you have any disabilities (physical restrictions, impairments) or allergies that will limit placement options or participation in everyday family and/or school activities?

yes no

If yes, please explain and specify if any aids, adaptations or special assistance will be required:

I CANNOT live with:

Cats Dogs Other pets:

3. Dietary requirements

Do you have dietary restrictions, e.g. for medical, religious or other self-imposed reasons?

yes no

If yes, please explain:

If you are a vegetarian, are you willing to eat:

Fish Poultry Dairy products

4. Smoking

Do you smoke?

yes no

Must you be hosted in a non-smoking home?

yes no

5. Other

Are there any other aspects that need to be considered in order to select a suitable host family?

yes no

If yes, please explain:

6. For visa and travel purposes

City of birth		Country of birth	
Date of birth		Nationality	
Passport / ID			
Number		Issue date	
Place of issue		Expiration date	

7. Candidate photos

Please attach a page with some photos of you, your friends and family. You may add more pages if you like.

8. Introductory letter

Please attach an introductory letter in the language of communication between your school and the receiving school. This letter will be forwarded to the host school and the host family.

9. Signatures

I, the undersigned, allow the sending school to communicate the personal data contained in this form to the receiving school and the host family for the purposes of the planned long term study mobility within the framework of the Erasmus+ programme. These data may also be communicated to the National Agencies in charge of the Erasmus+ programme. All those people receiving these data will be required to treat them as confidential.

Participant	
Full name:	
Date and place:	
Signature:	

Participant's legal guardian	
Full name:	
Date and place:	
Signature:	