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| Photo(not mandatory) | **Application for Participation in 2022****ERASMUS ADULT Education****Individual learning mobility of adult learners** Italian Hospitality SchoolAgreement No 2021-1-IT02-KA122-ADU-000020494Call 2from 05.08.2022. to 20.11.2022. |
| Name: | Surname: |
| Address: | Date of Birth: |
| Phone No:+39 | E-mail: |
| Bank Account Details | Bank account where the financial support should be paid:Bank account holder:  | Bank name: Clearing/BIC/SWIFT number:  Account/IBAN number: |
| **ERASMUS ADULT Education Mobility Learner** | ☐ at the age of 18 and above; |
| ☐ returning to education to continue his / her second-chance education in a part-time, distance, evening primary or secondary education program; |
| ☐ involved in a professional development programme, study module or study course or acquires a non-formal education program for the acquisition of foreign languages; |
| **ERASMUS ADULT Education Mobility Learner should meet at least one of these 4 criteria:** | ☐ with incomplete or completed primary education or general secondary education (**no** professional secondary education or higher education level has been obtained); |
| ☐ with the status of a low-income or needy person at the beginning of studies; |
| ☐ with a disability |
| **Estimated completion****(Month / Year)** | October-December 2022Mobility Duration: 30 days, including 2 travel days |
| **Knowledge of foreign languages**Indicate the level of language proficiency**A-Beginner, B-Intermediate,****C-Advanced** | **Language** | **Speaking** | **Reading** | **Writing** |
|  | **A** | **B** | **C** | **A** | **B** | **C** | **A** | **B** |
| **English:** |  |  |  |  |  |  |  |  |
| **(specify)** |  |  |  |  |  |  |  |  |
| **(specify)** |  |  |  |  |  |  |  |  |
| **(specify)** |  |  |  |  |  |  |  |  |
| **Previous job experience** | Company name, position | from | to |
|  |  |  |
|  |  |  |
| Please attach the letter of recommendation, or traineeship, internship assessment by the employer. |
| **Mobility period 30 days, including 2 travel days.** | **from**  **to**  |
|  |
| You can disclose information if you are the participant with **fewer opportunities**, (People with fewer opportunities means people who, for economic, social, cultural, geographical or health reasons, amigrant background, or for reasons such as disability and educational difficulties or for any other reasons, including those that can give rise to discrimination under article 21 of the Charter of Fundamental rights of the European Union, face obstacles that prevent them from having effective access to opportunities under the programme.) | ☐ participant with fewer opportunities |
|  Please add your Motivation Letter:  |  |
| Attachments: | ☐ passport ☐ Italian residence permit in case you are not citizen of Italy☐ ISSE or any other document proving you are participant with fewer opportunities. |

**Declaration of consent**

I agree that the Erasmus Coordinator of the Italian Hospitality School (Via di Ripetta 141, CAP 00186 Rome, Italy study@hoschool.it + 39 345 6712997) may use my personal data or application documents and this information will be collected, stored and published.

Place and date Signature of applicant