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| Photo | Application for Participation in 2023-2027 ERASMUS ADULT Education  Individual learning mobility of adult learners Italian Hospitality School  Agreement No 2023-1-IT02-KA120-ADU-000192791 Call 1 from 02.09.2024. to 30.12.2024. | |
| (not mandatory) | Name: | Surname: |
| Address: | Date of Birth: |

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|  | 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) | September 2024- December 2024  Mobility Duration: up to 15, 30, 60 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 | |
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| 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, a  migrant 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 (Viale Di Trastevere 209, CAP 00153 Rome, Italy [study@hoschool.it](mailto: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