**APPLICATION QUESTIONNAIRE FOR**

**EUROPEAN SOLIDARITY CORPS PROJECT**

**POLAND**

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| **Personal information:** | |
| Name: | Surname: |
| Date of birth: | Nationality: |
| Phone number: | Country of residence: |
| Email: | Place of birth: |
| ESC participant number: | Sex: M / F/ Non-binary |
| Name of the Sending Organization: | |
| Preferred hosting organization: kindergarten / school | |

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| **Address:** | |
| Country: | City: |
| Postcode: | Street and flat/house number: |

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| **Emergency contact details:** | |
| Name and surname: | Address: |
| Email: | Phone number: |

**NOTE:** Before you start responding to questions on the next page, we would like to point out that it’s importanttogive us true and detailed answers because your given answers will give us an idea of your experience and of who you are. Your answers combined with your motivation letter and CV will determine whether you will be invited for an online interview or not.

**Questions:**

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| **SECTION 1: MOTIVATION AND EXPERIENCE** |
| 1. **Why did you choose our project? And why Poland?** |
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| 1. **Describe your motivation and expectations. Please, write exactly what would you like to learn/ gain/ develop thanks to participation in the ESC project.** |
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| 1. **What you can offer to the hosting organization and to the people/ children who you will work with in exchange?** |
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| 1. **Give us specific ideas for activities about your culture / other (art, music, theatre...) that you would like to organise during volunteering time. Please write as much as you have in your mind, this will help us to make a better work plan for you.** |
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| 1. **Tell us about your skills and knowledge that you think can be useful for the project.** |
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| 1. **Please number the following in order of preference** |
| Intellectual work  Working alone  Heavy manual work  Daily contact with the public/children  Team work  Working outdoors  Light manual work  Art work  Other: ? |
| 1. **Please describe your experience in work with children/youth. If you have had any, how long did it last for and what you’ve been doing with this group? Tell us the age children, number of children in the group, your role. Give examples of activities that you organized or supported.** |
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| 1. **What difficulties do you think you might face during the stay in a foreign country? How will you deal with them? What are your fears and hopes?** |
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| 1. **Please describe your previous international experience, if you have had any.** |
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| 1. **What do you know about Poland (people, customs, culture)? What would you like to see in Poland?** |
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| **SECTION 2: PERSONALITY AND BACKGROUND** |
| 1. **Please describe your personality in the following categories: strong and weak points, values which you believe, your attitude to changes in life.** |
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| 1. **Please write something about your family, friends and life in your country.** |
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| 1. **What do you do in your free time?** |
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| 1. **What do you plan to do after this ESC project?** |
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| 1. **Other Information about yourself that you would like the project team to know.** |
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| **SECTION 3: HEALTH** |

**NOTE:** please don’t hide anything about your health, this will help us arrange necessary medical assistance for you during the project in advance if needed

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| 1. Physical health, special requirements (serious accident, chronic disease, allergy, disability, epilepsy, diabetes, others) | Yes / No | If yes – share more details: |
| 2. Mental Health (psychological problems, addiction, depression, panic attacks, anxiety, others) | Yes / No | If yes – share more details: |
| 3. Do you require any special medication? Write names of the medicines. | Yes / No | If yes – share more details: |
| 4. Do you require any kind of physiotherapy? | Yes / No | If yes – share more details: |
| 5. Special dietary requirements | Yes / No | If yes – share more details: |
| 6. Have you had Covid 19 in the past? When exactly?  Do you have an antibody test results? | Yes / No | If yes – share more details: |
| 7. Have you vaccinated against Covid 19? | Yes / No | If yes – share more details: |

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| **SECTION 4: Do you consider that in your life you face some of the following obstacles:** |

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| 1. Disability / special needs – e.g. mental (intellectual, cognitive, learning), physical, sensory or other disabilities | Yes / no |
| 2. Health problems - e.g. chronic health problems, severe illnesses or psychiatric conditions | Yes / no |
| 3. Educational difficulties - e.g. learning difficulties, early school-leaver, poor school performance | Yes / no |
| 4. Cultural differences - e.g. immigrant, refugees or with immigrant or refugee family background, belonging to a national or ethnic minority | Yes / no |
| 5. Economic obstacles - e.g. low standard of living, low income, dependence on social welfare system, long-term unemployment or poverty, debt or financial problems | Yes / no |
| 6. Social obstacles - e.g. facing discrimination because of gender, ethnicity, religion, sexual orientation | Yes / no |
| 7. Geographical obstacles - e.g. from remote or rural areas, young people living on small islands or in peripheral regions, young people from urban problem zones, young people from less serviced areas (limited public transport, poor facilities) | Yes / no |