



## Sending/supporting organisation

Name of organisation: ProAtlântico-Associação Juvenil

Address: Casa Europa-Rua Policarpo Anjos nº 43, 1495-207 Cruz Quebrada

Phone: 00351214218417      OID: E10120334

E-mail: sveenvio@proatlantico.com      Skype: \_\_\_\_\_

Contact person: Nuno Chaves



**EUROPEAN  
SOLIDARITY  
CORPS**

## Curriculum Vitae

### Contact Information

Surname: \_\_\_\_\_

First name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Postcode & city: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

PRN\* \_\_\_\_\_

(Photo)

\*To find your (Participant Reference Number) PRN, you first need to [register with the European Solidarity Corps](#). After registering, go to the [home dashboard of the portal](#) to find your PRN.

### Personal information

Gender: \_\_\_\_\_ Nationality: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Education: \_\_\_\_\_

### Person to contact in case of emergency (Name, Address, Telephone and E-mail)



EUROPEAN  
SOLIDARITY  
CORPS



Erasmus+





Do you have any former work and/or volunteer experiences? (Please describe)

Do you have any leisure time activities or hobbies? (Please describe)

Do you have any former international experiences (other stays abroad, exchanges etc.)? (Please describe)

How will you describe your personality?

Do you have any special needs (medical conditions, handicaps etc.)? Yes \_\_\_ No \_\_\_

Do you have any kind of allergy? Yes \_\_\_ No \_\_\_

Do you need to take any kind of medicine? Yes \_\_\_ No \_\_\_

Are you a vegetarian? Yes \_\_\_ No \_\_\_

Is there any food you do not eat? Yes \_\_\_ No \_\_\_

Please give further description if you have answered yes to any of the above questions





## Travel to Exchange Your Life!

The European Solidarity Corps aims to promote social inclusion by facilitating access to all opportunities to young people with fewer opportunities. This includes; disabilities, health problems, educational difficulties, cultural differences, economic/social/geographical obstacles, young people from marginalised communities or at risk of facing discrimination.

Are you included in one of these categories? If so, please explain

- Do you like animals/domestic pets? Yes \_\_\_ No \_\_\_
- Do you smoke? Yes \_\_\_ No \_\_\_
- Can you accept living with a host family? Yes \_\_\_ No \_\_\_
- Do you hold a drivers licence? Yes \_\_\_ No \_\_\_

What are your future plans after ESC?

### Language abilities

Language (mark by x)	Native	Fluent	Good	Basic
Danish				
English				





## Your motivation – Which project interest you?

Name of the project: \_\_\_\_\_

When can you start the project  
and for how long: \_\_\_\_\_

Please describe below carefully your motivation for this specific project

### **DATA PRIVACY DISCLAIMER**

I agree that ICYE may collect, use and share my personal data as well as the data provided for third parties mentioned in this form (your emergency contact), with the following programme stakeholders: hosting organisation, host family, host placement, insurance company and the ICYE International Office.

In accordance with our data protection policy [available at <http://www.icye.org/data-privacy/>], your personal data will be securely stored and be kept indefinitely for statistical, bookkeeping and transparency reasons, but by no means for commercial or promotional purposes. If you do not want your data to be stored, please contact your sending organization.

If you would like your data to be deleted at the end of your contract/volunteering period, or at a later date, please inform/contact your sending organisation.

Please tick one of the following boxes:  *I consent*  *I do not consent*

Date Signature of Candidate \_\_\_\_\_

If selected to participate in the ICYE volunteering programme, I also agree that ICYE may collect and use my photos and articles on the website, on social media, in newsletters, etc. for promotional purposes.

Please tick one of the following boxes:  *I consent*  *I do not consent*

Date Signature of Candidate \_\_\_\_\_