PROGRAMME DETAILS	photo			
Project Name (please add also the project number) NG260 Projektu				
Arrival Date	Datum prijezdu	Departure Date	Datum	odjezdu
No Months/Weeks/Days	pocet mesícu / TY	and I dni		

PERSONAL INFOR	MATION				
Family Name	prijmeni	First Name	Krestul jméno		
Date of Birth	Datum navazeni				
Place of Birth misto havozeni		Address	adresa		
Nationality	návodnost				
Sex pohlavi	Male Female muž/žona	City	y město		
Marital Status rod	Married Single Udand / Fenaty	Post Code	PSČ		
ID Number	CÍSLO O.P	Country	země		
Mobile	teletoni cisio	Telephone	telefon		
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Kontakt na osubu					
Name	jméno				
Address	adresa	Relationship	uztah-rodic atd		
City	mēsto	Country	Zemē		
Post Code	PSČ	Telephone	telefon		
Mobile	mobil	Email	E-mail		
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Do you have any allergies? (✓)		☐ Yes ☐ No If yes, please tell us about them:			
Do you have any special needs? (<) openalm productly		Yes No If yes, please tell us about them:			
Do you Smoke? (🗸)		Yes No			
Are you taking any regular medication? (<)		Yes No If	yes, please tell us about them:		
Are you receiving any medical treatment? (<) Modely with might be the		Yes No If	yes, please tell us about them: - // _		
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	Please tell us a little about your hobbies, interests and what you do in your spare time: wedle shours Varie raymy a co de lake we wolking care
	YOUR FUTURE Voise budourness
	What do you want to do at the end of your studies? Co chele dilal pe whenim aludia
	What is your career goal or ambition? Jaka your vare am bia on budouene
	STUDENT DECLARATION Muchlation pludenta
1*	I certify that the information I have given in connection with this application is true and correct. I give my permission to use this information to fulfil my requirements and agree to this information being passed to other people and organisations as necessary. I ACKNOWLEDGE THAT, MY PROFESSIONAL WORK PLACEMENT IS CHOSEN BY MY APPLICATION FORM, SO I FILL THIS UP WITH 100%
7	ATTENTION.
	Name and Surname: Date:
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