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**APPLICATION**

**FOR STAFF OF VOCATIONAL INSTITUTION LEARNING VISIT ABROAD**

No 2020-1-LT01-KA102-077694

**PERSONAL INFORMATION**

(Photograph)

|  |  |
| --- | --- |
| Last name (family name): |  |
| First name:  Date of birth: | dd/mm/yy |
| Age: |  |
| Gender: Male | Female |
| **Contact details** |  |
| Telephone number: +370 |  |
| E-mail address: |  |
| Skype/Facebook: |  |

Home address: **Street:**       **Post code:**       **City:**

**INFORMATION ABOUT VOCATIONAL INSTITUTION IN WHICH VET STAFF MEMBER WORKS**

*(Šios skilties atrankai profesijos mokytojas nepildo)*

|  |  |
| --- | --- |
| Name of the VET institution | **Name of organization**   Street and house number .   Post code and city  Lithuania |
| Main information about VET Institution |  |
| Number of employees |  |
| Number of VET students |  |
| Website (if applicable) |  |

**MAIN ACTIVITIES AND DUTIES OF THE VOCATIONAL INSTITUTION STAFF MEMBER**

|  |  |
| --- | --- |
| Current employment position |  |
| Starting date of employment | mm/yy |
| Main work activities |  |

**Language Skills**

|  |  |  |  |
| --- | --- | --- | --- |
| Mother tongue: |  | | |
| Language: | **A1/A2 – Basic User B1/B2 – Independent User C1/C2 – Proficient User** | | |
|  | Speaking | Listening | Reading |
| English |  |  |  |
|  |  |  |  |
|  |  |  |  |

*\* Description of Language Levels* [*Common European Framework of Reference for Languages*](https://europass.cedefop.europa.eu/sites/default/files/cefr-en.pdf)

**LEARNING VISIT OVERVIEW**

|  |  |
| --- | --- |
| Overall aim of the Learning Visit |  |

|  |  |
| --- | --- |
| Objective 1 of the Learning visit | **To** |
| Competencies to be improved | -XX  -XX |

|  |  |
| --- | --- |
| Objective 2 of the Learning visit | **To** |
| Competencies to be improved | -XX  -XX |

|  |  |
| --- | --- |
| Objective N of the Learning visit | **To** |
| Competencies to be improved | -XX  -XX |

|  |  |
| --- | --- |
| Type of the mobility | Work placement  Job shadowing/ Observation |
| Planned dates of the Learning visit (duration is 7 days including travel) | From : **DD/MM/2021**  To: **DD/MM/2021** |
| Destination | Malta  Bulgaria (Sofia)  Hungary (Budapest)  Croatia (Dubrovnik)  Romania (Iasi) |
| Working language |  |

**INFORMATION ON PREFFERED HOST COMPANIES**

|  |
| --- |
| **I would like to do the Learning visit in such type of host companies:** |
|  |

**PERSONAL INFORMATION ON COVID-19**

|  |  |
| --- | --- |
| I am vaccinated | **YES**    **NO**   I will be vaccinated on XX/XX/2021. |
| I have had COVID-19 | **YES**    **NO** |
| I agree to have a valid COVID-19 antibody test before mobility | **YES**    **NO** |