



## Sending organisation

Name: \_\_\_\_\_ EI-Number: \_\_\_\_\_  
Adresse: \_\_\_\_\_ PIC: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Skype: \_\_\_\_\_  
Contact person: \_\_\_\_\_



## Curriculum Vitae

### Contact Information

Surname: \_\_\_\_\_  
First name(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
Postcode & city: \_\_\_\_\_  
Country: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

PICTURE

### Personal information

Gender: \_\_\_\_\_ Nationality: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
Education: \_\_\_\_\_





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

Please describe your previous work and/or volunteer experiences?

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

What are your hobbies?

How will you describe your personality?

Knowledge and skills you will share during your EVS experience:

Knowledge and skills you hope to gain during your EVS experience:

Which problems do you think you will encounter during your stay abroad?



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Højboskolen – Toftevej 53 – DK-8362 Hørning – Tlf. +45 8794 2288

[hojboskolen@skanderborg.dk](mailto:hojboskolen@skanderborg.dk)



- 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 questions above:

- 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 EVS?

## Language abilities

Language (mark by x)	Native	Fluent	Good	Basic
Danish				
English				
German				
(Others – which?)				

## Your motivation – Which project interests you?

EI number: \_\_\_\_\_

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



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# HØJBOSKOLEN

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

Please describe below carefully your motivation for this specific project



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