**ESC Volunteering Project - Application form**

|  |
| --- |
| **Project** |
| Project name: | **VolunTACC***Tick on which of these 2 projects are you applying for:** **Communication**
* **Mental health through artistic methodologies**
 |
| Project Reference Number: | **2021-2-ES02-ESC51-VTJ-000044822** |
| Venue of the project (city, country): | Barcelona (office) and surroundings (in-situ projects) - SPAIN |
| Activity dates: | From beginning of February 2022 to end of December 2022 |
| Coordinator & hosting organisation: | Taller d’Art, Cultura i Creació (TACCbcn) |
| Sending organisation: | Name |  |
|  | Contact details | Email: |  |
| Contact person: |  |

|  |
| --- |
| **Personal information** |
| Last name |  |
| First name |  |
| Date of birth |  |
| Place of birth |  |
| Home address:Street, town, post code, country |  |
| Nationality |  |
| Passport Number |  | Date of issue |  |
| Date of validity |  |
| E-mail: |  |
| Mobile phone: | (+ ) |
| Sex: |  |
| **European Solidarity Corps Reference Number (PRN)** |  |
| Social Security Insurance | If yes, what kind? |  |
| EHIC number *(European Health Insurance Card)* |  |

|  |
| --- |
| **Special needs** (health, mobility, alimentary, medicines…): |
| Do you suffer from **any illness, we should know about,** such as epilepsy, diabetes, allergies, asthma, psychological disorders or **other** to provide appropriate care? If yes, please note it here: / |
| Do you use some **medications on regular basis on in case of emergency**? If yes, which ones?: /Do you have any **alimentary special needs**? If yes, which ones?: / |
| **Emergency contact** |
| Name |  |
| Relation *(parents, siblings, friend…)* |  |
| Telephone | (+ ) |
| Street, town, post code, country |  |

|  |
| --- |
| **Current Situation (Student, trainee, working, not working nor studying…)** |
|   |

|  |
| --- |
| **Education and trainings** |
| **Duration** | **School / Theme** |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| **Work experience** |
| **Duration** | **Company** | **Position** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Voluntary work experience** |
| **Duration** | **Association** | **Tasks** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Language abilities:** (1-none, 2-basic, 3-good, 4-very good, 5-fluent, MT-mother tongue) |
| Language | Listening | Speech | Reading | Written |
| English |  |  |  |  |
| Spanish |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **Other skills, interests and activities** |
|   |

**YOU and the ESC volunteering experience**

|  |
| --- |
| **Expectations and Motivations** |
| **Why do you want to participate in this project?** |
|   |
| **In what area you are interested in working, also after the project?** |
|   |
| **How do you think your experience will be useful for your work and the hosting organization? What can you contribute with your presence?**  |
|   |
| **What are your ideas for the work, what activities could you/would you want to propose for your hosting organization?** |
|   |
| **What do you think you will win or lose by participating in this project?** |
|   |
| **Why do you think it would be good to work abroad? What will you gain or lose during that time?** |
|   |
| **Which abilities you would like to improve during the project?** |
|   |
| **What means European Solidarity Corps for you?** |
|   |
| **What are the most important things in your life? (name some)** |
|   |
| **Describe in one word your personality** |
|  |
| **Are you interested in learning a new language?** |
|   |

I hereby to declare that all information provided here is correct and I did not withhold any information about serious diseases, illnesses, conditions, medical needs, allergies or necessities to use medications, which could put my or others´ health, or life, at risk.

Place, date:

Signature of participant: