**ESC Volunteering Project - Application form**

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| **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: |  |

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| **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)* |  | | | |

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| **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 |  |

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| **Current Situation (Student, trainee, working, not working nor studying…)** |
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| **Education and trainings** | |
| **Duration** | **School / Theme** |
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| **Work experience** | | |
| **Duration** | **Company** | **Position** |
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| **Voluntary work experience** | | |
| **Duration** | **Association** | **Tasks** |
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| **Language abilities:** (1-none, 2-basic, 3-good, 4-very good, 5-fluent, MT-mother tongue) | | | | |
| Language | Listening | Speech | Reading | Written |
| English |  |  |  |  |
| Spanish |  |  |  |  |
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| **Other skills, interests and activities** |
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**YOU and the ESC volunteering experience**

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