|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ONLY APPLICATIONS DULY SIGNED BY HOME INSTITUTIONS WILL BE ACCEPTED** | | | | | | | **O** | |
| **MANDATORY DOCUMENTS TO ATTACH:** | | | | | | |
| Copy of Learning / Training Agreement duly signed by the student and by the home institution coordinator  Copy ofTranscript of Records  Copy of Health European Insurance Card or Private Insurance Card / Policy  1 scanned photo  Copy of Personal Accidents and Liability Insurance Policy  Copy of VISA (for Non-European students) | | | | | | |
|  | | | | | | | | |
| **I – MOBILITY DATA** | | | | | | | | |
| ACADEMIC YEAR | / | FIELD OF STUDY | | |  | | | |
| MOBILITY PERIOD | 1ST SEMESTER  2ND SEMESTER  FULL YEAR | TYPE OF MOBILITY | | | STUDIES - SMS  TRAINEESHIP - SMP  OTHER | | | |
| ARRIVAL DATE |  | DEPARTURE DATE | | |  | | | |
| CESPU SCHOOL | IUCS (GANDRA)  ESSVS (GANDRA)  ESSVS (PENAFIEL)  ESSVA (V.N.FAMALICÃO) | | | | | | | |
|  | | | | | | | | |
| **II– PERSONAL DATA** | | | | | | | | |
| FIRST NAME(S) |  | | LAST NAME(S) | | |  | | |
| NATIONALITY |  | | SEX | | | FEMALE  MALE | | |
| DATE OF BIRTH |  | | PLACE OF BIRTH | | |  | | |
| SPECIAL NEEDS | YES  NO | | IF YES, INDICATE WHICH | | |  | | |
| ID OR PASSPORT NUMBER |  | | EXPIRATION DATE | | |  | | |
| PERMANENT ADRESS |  | | | | | | | |
| ZIPCODE / CITY |  | COUNTRY | | | |  | | |
| EMAIL |  | PHONE NUMBER | | | |  | | |
| FATHER’S NAME |  | MOTHER’S NAME | | | |  | | |
| PERSON TO CONTACT  IN CASE OF EMERGENCY |  | PHONE NUMBER | | | |  | | |
|  | | | | | | | | |
| **III– ACADEMIC DATA** | | | | | | | | |
| DIPLOMA / DEGREE FOR WHICH YOU ARE CURRENTLY STUDYING | | |  | | | | | |
| CURRICULAR YEAR YOU ARE CURRENTLY STUDYING | | |  | | | | | |
| WORK EXPERIENCE / PRIOR TRAINEESHIPS RELEVANT FOR THE TYPY OF MOBILITY YOU ARE APPLYING TO | | |  | | | | | |
|  | | | | | | | | |
| **IV– SENDING INSTITUTION** | | | | | | | | |
| SENDING INSTITUTION |  | | | ERASMUS CODE / PIC NUMBER | | | |  |
| INSTITUTIONAL ADRESS TO SEND STUDENT’S ORIGINAL FINAL CERTIFICATES |  | | | | | | | |
| ZIPCODE & CITY |  | | | COUNTRY | | | |  |
| INSTITUTIONAL COORDINATOR’ NAME |  | | | | | | | |
| EMAIL |  | | | PHONE NUMBER | | | |  |
| DEPARTMENT COORDINATOR’S NAME |  | | | | | | | |
| EMAIL |  | | | PHONE NUMBER | | | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
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| **V– MOTIVATION** | | | | | | | | | | | |
| BRIEFLY STATE THE REASONS WHY YOU WISH TO STUDY ABROAD. | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **VI – LANGUAGE COMPETENCE – SELF-EVALUATION** | | | | | | | | | | | |
| **MOTHER TONGUE** |  | | | **LANGUAGE OF INSTRUCTION AT HOME INSTITUTION, IF DIFFERENT** | | | |  | | | |
| **OTHER LANGUAGES** | **CEFR SCALE** (READING, LISTENING, SPEAKING AND WRITING) | | | | | | | | | | |
| **Basic User** | | | | **Independent User** | | | | **Proficient User** | | |
| **A1** | | **A2** | | **B1** | **B2** | | | **C1** | | **C2** |
|  | **Beginner** | | **Elementary** | | **Intermediate** | **Vantage** | | | **Advanced** | | **Mastery** |
| Portuguese |  | |  | |  |  | | |  | |  |
| Spanish |  | |  | |  |  | | |  | |  |
| English |  | |  | |  |  | | |  | |  |
| French |  | |  | |  |  | | |  | |  |
| Other: |  | |  | |  |  | | |  | |  |
|  | | | | | | | | | | | |
| **VII – WELCOME WEEK** | | | | | | | | | | | |
| 1ST WEEK OF SEPTEMBER. Will you participate in the orientation and cultural activities of this week?  YES  NO | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **VIII – ACCOMODATION** | | | | | | | | | | | |
| CESPU doesn’t have university residences. Students must find accommodation on their own. We can send some links of WebPages to help you out.  If you are going to study in IUCS or ESSVS (Academic Campus of Gandra, 25 km from Porto city or to the Nursing School of Penafiel, 40 km from Porto city) or make a period of Hospital Training, we recommend you to look for accommodation in Porto city in order to have more facilities. If you are going to make a period of studies or training at ESSVA (Academic Campus of V. N. Famalicão, 45km from Porto city), it is better to stay in V. N. Famalicão, but you also have daily transports to get there if you want to stay in Porto city. You can also check the Private University Residences:  Gandra University Residence: Info and Applications at [residenciauniversitariagandra@gmail.com](mailto:residenciauniversitariagandra@gmail.com) | University Residence World SPRU (Campanhã – Porto). Info and Applications Online at: <http://www.spru.pt> | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **IX– INSURANCE** | | | | | | | | | | | |
| **PERSONAL ACCIDENTS AND LIABILITY INSURANCE IS MANDATORY.**  **If the student’s insurance of the Home Institution doesn’t cover the academic/training activity during the mobility period in Portugal, students must acquire a private insurance or buy CESPU’s insurance (35Euro) right after arriving.**  Are you covered by a personal / home institution **accident’s insurance** during your mobility period at CESPU?  YES  NO  **If yes**, please specify if it also covers:  - accidents during travels made for study / training purposes:  YES  NO  - accidents on the way to classes / training place and back from classes / training place:  YES  NO  Are you covered by a personal / home institution **liability insurance** (covering damages caused by the student to other people / infrastructures / material at the classes / training place)?  YES  NO  If you have accidents and liability insurance, you need to send us a proof of it.    I need to buy CESPU student’s insurance.  YES  NO | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **STUDENT’ SIGNATURE** | | | | | | | | | | | |
| I certify that all the information provided in this application is correct and complete.  YES  NO  I agree that these data will be stored and processed electronically and transmitted to the universities concerned exclusively for the purpose of my ERASMUS application.  YES  NO | | | | | | | | | | | |
| SIGNATURE | |  | | | | | DATE | | |  | |
|  | | | | | | | | | | | |
| **SENDING INSTITUTION’ SIGNATURE** | | | | | | | | | | | |
| We confirm the approval of this application and the recognition of the proposed Learning Agreement / Training Agreement. | | | | | | | | | | | |
| COORDINATOR’ SIGNATURE | |  | | | | | DATE & STAMP | | |  | |
|  | | | | | | | | | | | |
| **RECEIVING INSTITUTION’ SIGNATURE** | | | | | | | | | | | |
| We hereby acknowledge receipt of this document and the approval of the proposed Learning Agreement / Training Agreement. The student is:  PROVISIONALLY ACCEPTED AT THE INSTITUTION  NOT ACCEPTED AT THE INSTITUTION | | | | | | | | | | | |
| COORDINATOR’ SIGNATURE | |  | | | | | DATE & STAMP | | |  | |