**APPLICATION FORM -JOB SHADOWING**

**DESIRED DATES:** 28.03-01.04.2022

**SENDING SCHOOL INFORMATION:**

1. Name of your school or institution.
2. Country of the school / institution.
3. Phone number of the school. Please mention also your country code.
4. Name of contact person of the school.
5. E-mail address of contact person of the school.
6. Phone number of the contact person. Please mention also your country code.

**PARTICIPANT’S INFORMATION:**

|  |  |
| --- | --- |
| First name : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  Date of Birth: \_ \_ / \_ \_ / \_ \_ \_ \_ | Last name : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  Gender: ☐ Female ☐ Male |
| Address: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  Postal Code: \_ \_ \_ \_ \_ \_  City: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  Country: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  Nationality: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  Centers of interest in job shadowing: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | Phone: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  Email:  \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  Emergency Contact Name:  \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  Emergency Phone:  \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  Which languages you speak:  \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |
|  | |

**RECEIVING SCHOOL INFORMATION:**

Rahumäe Põhikool

Vabaduse pst 50, 11615

Tallinn, Estonia

<https://rahumae.edu.ee/>

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