**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/>

Facebook: @rahumaekool

**CONTACT PERSON AT THE RECEIVING SCHOOL:**

Hannela Tamagno

hannela@multilingua.ee

Mobile: +372 56 85 99 58