

# Work & Travel

## Work program in Iceland

### 1. Personal information

First and middle name:	Family name:
<input type="checkbox"/> Female <input type="checkbox"/> Male	Available from:
Available until:	Preferred location:

Complete address:		
Telephone Phone (area code) :	Mobile Phone: (area code)	
E-mail:	Passport number:	
Date of birth:	Place of birth:	
Age:	Nationality:	Marital status:

### 2. Emergency contact person

Relationship with participant (e.g. parent, sibling):
Name:



Postal address:		
Post/Zip code:	Town:	Country:
Phone n°(+area code):	E-mail address:	



### 3. Position applied for

(Choose 3 options 1st preference, 2nd preference, and 3rd preference)

1.	2.	3.
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### 4. Education

Name and Address of Institution	General Subjects	Date
Qualifications and Diplomas:		



## 5. Working or training experience

Name of Employer	Role/Duties	Dates



## 6. Language knowledge

Foreign languages:

English	<input type="checkbox"/> fluent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> little	<input type="checkbox"/> none
French	<input type="checkbox"/> fluent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> little	<input type="checkbox"/> none
Spanish	<input type="checkbox"/> fluent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> little	<input type="checkbox"/> none
German	<input type="checkbox"/> fluent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> little	<input type="checkbox"/> none
Italian	<input type="checkbox"/> fluent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> little	<input type="checkbox"/> none

Other (languages and level):



## 9. Health

Do you have any chronic or recurring health problems e.g. asthma, diabetes, cold sores?

Yes  No If yes, give details:

Do you have any allergies (include allergies for pets)?

Yes  No If yes, give details:

Do you have any dietary restrictions (e.g. vegetarian)?

Yes  No If yes, give details:

Have you been hospitalized or under the care of a doctor within the last 12 months?

Yes  No If yes, give details:



## 8. Short answer questions

Do you hold a driving license?  Yes  No If yes, for how long:

Do you smoke?  Yes  No  Occasionally

Please describe what you expect to gain by participating in this program?

What are your careers plans after the work?

What wishes, hopes or fears do you have concerning your stay and work?

Have you ever lived away from home or traveled for an extended period of time? Where? How long?

What do you like to do in your free time?



## 10. Special wishes.

Special wishes and/or important remarks for your placement:



I (print name in full) \_\_\_\_\_ confirm that all the information given in this application is correct and complete.

Date and place: \_\_\_\_\_

Signature: \_\_\_\_\_



## Motivation letter.

Please write a letter to your prospective employer. Write about your motivation regarding your Work Experience program. Explain why you wish to come to Iceland. Describe your personality, your professional ambition and what you expect to gain from this experience.