



EUROPA PROGRAMME

NAME OF STUDENT :

ADDRESS :

.....

DATE OF BIRTH :

NATIONALITY :

ID/PASSAPORT N° :

THIS IS TO CONFIRM THAT I,, HEREBY DECLARE THAT MY
PRIMARY LEARNING AIM IS : (NAME)

(PLEASE TICK CORRECT BOX)

- 1. TO OBTAIN EMPLOYMENT:
- 2. TO PREPARE MYSELF FOR FURTHER VOCATIONAL TRIANING INCLUDING
ACCESS TO FURTHER EDUCATION IN THE EUROPEAN UNION:
- 3. TO RETRAIN MYSELF WITH A VIEW TO CHANGING MY OCCUPATION:
- 4. TO RETAIN MYSELF WITH A VIEW TO UPGRADING MY VOCATIONAL
SKILLS WITHIN MY PRESENT OCCUPATION:

THIS IS TO CONFIRM THAT I,, HEREBY DECLARE THAT WITHOUT
THE BENEFIT OF FUNDING I WOULD BE UNABLE TO TAKE A PLACE AT WESTOURNE
ACAEDEMY.

VERIFICATION

I, CERTIFY THE ABOVE STATEMENT TO BE TRUE.
(NAME)

NAME OF ISTITUTION :

OFFICIAL STAMP :