



Insert/Paste  
Profile  
Picture

## APPLICATION FORM

Viale Bruno Buozzi, 19, A1, int. 3  
00197 Roma - ITALIA  
Tel. : 06 80 69 21 30 - Fax 06 80 66 67 85  
E-mail : [info@euroma.info](mailto:info@euroma.info) [euroma@mclink.it](mailto:euroma@mclink.it)  
<http://euroma.info>  
Codice fiscale : 97393200585  
C.C.I.A.A. ROMA 1121624

### General information

Mr  Miss  Address \_\_\_\_\_

Surname \_\_\_\_\_

First Name \_\_\_\_\_ Town \_\_\_\_\_ Country \_\_\_\_\_

Tel \_\_\_\_\_ Mob. \_\_\_\_\_ Post Code \_\_\_\_\_

Email \_\_\_\_\_ Emergency contact (name/telephone/email) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Internship Programme

**Level of English** (Please tick the box which you feel matches your level)

	Beginner	Intermediate	Higher Intermediate	Advanced
Listening				
Reading				
Spoken				
Writing				

Do you wish to take an English Course before starting your Internship? Yes  No

**Level of Computer Skills** : (Please tick the box which you feel matches your level)

	Beginner	Intermediate	Highet Intermediate	Advanced
Listening				
Reading				
Spoken				
Writing				

Are there any other computer skills which would **strengthen** your application ? \_\_\_\_\_

Please choose three areas/sectors of where you would like to have your internship? *Please number your choices 1 to 3 (1=most important)*

Accounting & Finance  
Arts  
Education  
Food & Beverage  
Import/Export  
Marketing  
Recreation  
Social Studies

Administration  
Graphic Design  
Engineering  
Healthcare  
I.T  
Media  
Research  
Telecom

Advertising/PR  
Communications  
Environmental  
Hotels  
Journalism  
Non Profit Org  
Retail  
Tourism

Photography  
Childcare  
Fashion/Design  
Human Resources  
Sport  
Publishing  
Sales  
Transportation

What tasks and responsibilities do you wish to undertake during your Internship? \_\_\_\_\_

---

---

---

---

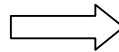
Date of arrival : \_\_\_\_\_ Date of Departure : \_\_\_\_\_ N° of Week

**Accommodation Details**

Host family accommodation Yes  No

Are you smoker ? Yes  No

Are you a vegetarian? Yes  No



Do you suffer from allergies, Asthma, epilepsy, diabetes or

Any condition that may affect

Your internship? Yes  No

If yes to any of the questions,  
Please provide details ? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have read and understood the booking conditions and instructions

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

Date : \_\_\_\_\_