**Sending organisation**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | ADVIT "Europe without borders" |  |  |
| Adresse: | str. acad. I. Grosul 2, of.2, Chisinau, MD-2028 | PIC: |  948917342 |
| Phone: | +373 69707343 | Fax: |  |
| E-mail: | advit\_team@yahoo.com | Skype: | advit.moldova |
| Contact person: | Veronica Munteanu |



**Curriculum Vitae**

**Contact Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: |  |  | (Photo) |
| First name(s): |  |  |
| Address: |  |  |
| Postcode & city: |  |  |
| Country: |  |  |
| Phone: |  |  |
| Email: |  |

**Personal information**

|  |  |  |  |
| --- | --- | --- | --- |
| Gender: |  | Nationality: |  |
| Date of birth: |  | Place of birth: |  |
| Education: |  |

**Person to contact in case of emergency (Name, Address, Telephone and E-mail)**

|  |
| --- |
|  |

Please describe your previous work and/or volunteer experiences?

|  |
| --- |
|  |

Do you have any former international experiences (other stays abroad, exchanges etc.)? (Please describe)

|  |
| --- |
|  |

What are your hobbies?

How will you describe your personality?

|  |
| --- |
|  |

Knowledge and skills you can share during your evs experience:

|  |
| --- |
|  |

Knowledge and skills you hope to gain during your evs experience

|  |
| --- |
|  |

Which problems do you think you will encounter during your stay abroad?

|  |
| --- |
|  |

Do you have any special needs Yes\_\_\_ No\_\_\_
(medical conditions, handicaps etc.)?

Do you have any kind of allergy? Yes\_\_\_ No\_\_\_

Do you need to take any kind of medicine? Yes\_\_\_ No\_\_\_

Are you a vegetarian? Yes\_\_\_ No\_\_\_

Is there any food you do not eat? Yes\_\_\_ No\_\_\_

Please give further description if you have answered yes to any of the above questions

|  |
| --- |
|  |

Do you like animals/domestic pets? Yes\_\_\_ No\_\_\_

Do you smoke? Yes\_\_\_ No\_\_\_

Can you accept living with a host family? Yes\_\_\_ No\_\_\_

Do you hold a drivers licence? Yes\_\_\_ No\_\_\_

What are your future plans after EVS?

|  |
| --- |
|  |

**Language abilities**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Language (mark by x) | Native | Fluent | Good | Basic |
| Danish |  |  |  |  |
| English |  |  |  |  |
| (Others) |  |  |  |  |

**Your motivation – Which project interest you?**

|  |  |
| --- | --- |
| EI number: | 2014-1-DK01-KA110-004035 |
| Name of the project: | Kattegatcentret |
| When can you start the project and for how long: |  |

Please describe below carefully your motivation for this specific project

|  |
| --- |
|  |