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No 2023-1-LT01-KA121-VET-000137452

**APPLICATION FOR COURSE ACTIVITIES**

**PILDOMA LIETUVIŲ KALBA**

**PERSONAL INFORMATION**

|  |  |
| --- | --- |
| Last name (family name): |  |
| First name:  Date of birth: |  |
| Age: |  |
|  |  |
| **Contact details** |  |
| Telephone number: +370 |  |
| E-mail address: |  |
| Skype/Facebook: |  |

Home address: **Street:**       **Post code:**       **City:**

**VET INSTITUTION**

|  |  |
| --- | --- |
| Name of the VET institution | **Kaunas IT school**  Laisvės av.33  44311, Kaunas  Lithuania |
| Website (if applicable) | www.kitm.lt |

**MAIN ACTIVITIES AND DUTIES AT THE VET INSTITUTION**

|  |  |
| --- | --- |
| Main education activities: |  |
| Work experience (years): |  |

**LANGUAGE SKILLS**

|  |  |  |  |
| --- | --- | --- | --- |
| Mother tongue: |  | | |
| Language: | **A1/A2 – Basic User B1/B2 – Independent User C1/C2 – Proficient User** | | |
|  | Speaking | Listening | Reading |
| English |  |  |  |
| Russian |  |  |  |
| German |  |  |  |

**HEALTH DETAILS**

|  |
| --- |
| Chronic diseases for which I am under the treatment: |
|  |
| Handicaps that may be relevant to the visit in the company: |
|  |
| Allergies: |
|  |

**COURSES PROGRAMME OVERVIEW**

|  |  |
| --- | --- |
| Aim of the visit: |  |

|  |  |
| --- | --- |
| What competences would You like to acquire or improve by participating in this project? Describe how this would benefit both You and the school. |  |
| What influence could participation in the Erasmus+ project have on Your career? |  |
| Have you participated in an Erasmus+ project before? If yes, please, specify the year. |  |
| In what ways will You contribute to the implementation of the project dissemination/how will you share the gained experience? |  |