



INTERNSHIP APPLICATION FORM

Welcome to France !

To ensure that this application form is processed as quickly as possible, please adhere to the following guidelines:

1. Print or type clearly
2. Answer all questions completely and sign as required
3. Submit all application sections and additional documentation

DOCUMENTS CHECK LIST

- Application Form
 - CV in French
 - Letter in French stating previous experience in the field of activity and wishes for this experience in France
 - 1 passport photo
 - Copy of the passport
 - Written test
 - Oral interview (appointment for telephone interview)
 - Copy of Insurance and liability insurance
4. Fax a copy before mailing the originals.
5. Forward to:

Education en France
75 Boulevard Haussmann
75008 Paris
France
Tel: 33 (0) 1 39 70 87 11
Fax: 33 (0) 1 39 70 59 98
E-mail: infos@educationenfrance.com



INTERNSHIP APPLICATION FORM

Please type or print clearly.

DATE OF APPLICATION: _____

AGENCY: _____

PROGRAMME IN FRANCE

Internship :

Approximate arrival date _____

Duration _____

Preferred Fields of Activity : _____

Preferred Location : _____

Do you need accommodation? Yes No Type : _____

APPLICANT'S PERSONAL PROFILE

Last Name: _____ First Name: _____

Date of Birth: _____ Age: _____ Gender: Male Female

Home address : _____ Nationality : _____

Code Postal : _____ City : _____ Country : _____

Home Telephone : _____ Home Fax : _____

E-mail : _____

Emergency Phone Number : _____

French Level : A1 A2 B1 B2

Level of studies : _____ Diploma : _____

Native Language : _____ Other languages : _____

Do you smoke No Yes Do you have Allergies : No Yes : _____

Are you taking daily medications ? If yes, name of medications and reason for taking it: _____

Please specify any current medical conditions that your leader should be aware of : _____

CONTACT : I declare that the information I have given is correct and accurate. I have read and understood the programme's policies as listed.

Student's signature :

Date :