



APPLICATION FORM

PERSONAL INFORMATION

FIRST NAME:		
FAMILY NAME:		
DATE OF BIRTH:	MALE:	FEMALE:
NATIONALITY:		
PROFESSION:		
ADDRESS/CITY CODE:		
PHONE NR.:		
MOBILE:		
E-MAIL:		

KNOWLEDGE OF PORTUGUESE

	NONE	A LITTLE	AVERAGE	GOOD
SPEAKING				
READING				

IF YOU HAVE LEARNED PORTUGUESE PLEASE PROVIDE US WITH FURTHER DETAILS (EX.: NUMBER OF HOURS/PRIVATE OR GROUP COURSE/ SCHOOL NAME/ ETC.)

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DO YOU WISH TO LEARN PORTUGUESE FOR PROFESSIONAL OR PERSONAL REASONS?

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KNOWLEDGE OF OTHER LANGUAGE – STATE WHICH

1.	NOTES:
2.	
3.	
4.	

TYPE OF COURSE REQUIRED

SUPER INTENSIVE GROUP	
INTENSIVE GROUP	
NON-INTENSIVE GROUP	
PREPARATION FOR CAPLE EXAMS	
ONE-TO-ONE COURSES	
PORTUGUESE HOME TUTORING	
SUMMER GROUP YOUNG ADULTS	

TYPE OF ACCOMMODATION IF REQUIRES

HOST FAMILY	
BOARDING HOUSE (PENSÃO)	
HOTEL 3 STARS	
HOTEL 4 STARS	
SMOKER	
NON-SMOKER	

COURSE REQUIRED DATES

FROM:
TO:

ACCOMMODATION REQUIRED DATES

FROM:
TO:

RELEVANT MEDICAL INFORMATION (ALLERGIES/OTHER)

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