

Travel to ExChange Your Life!

Sending organisation		
Name:		
Adresse:	PIC:	
Phone:	Fax:	
E-mail:	Skype:	
Contact person:		



Curriculum Vitae

Contact Informat	ion	
Surname:		(Photo)
First name(s):		
Address:		
Postcode & city:		
Country:		
Phone:		
Email:		
Personal informa	tion	
Gender:	Nationality:	
Date of birth:	Place of birth:	
Education:		
Person to contac	t in case of emergency (Name, Address, Telephone	and E-mail)



Klosterport 4A, 3.sal – DK 8000 Århus C – tlf. +45 8618 0715 – icye@icye.dk – www.icye.dk – CVR 75867328



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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



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

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





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Language abilities

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

Your motivation – Which project interest you?

El number:

Name of the project:

When can you start the project and for how long:

Please describe below carefully your motivation for this specific project

