ERASMUS+ 2026-27

APPLICATION FORM

Please save it in PDF and send it to Marianna.Bieser@raph-hd.de

Personal details:

Family name		**First name(s)**	**Grade**
Nationality	**Place of birth**	**Date of birth**	**Age**
Passport number + Expiry date (DD/MM/YYYY)			
Address			
City or town		**Post code**	**Country**
Home telephone		**Email**	
Mobile telephone			

Language skills:

Language

……..……..	**speaking**	☐	**native**	☐	**fluent**	☐	**good**	☐	**fair**
	writing	☐	**native**	☐	**fluent**	☐	**good**	☐	**fair**
……	**speaking**	☐	**native**	☐	**fluent**	☐	**good**	☐	**fair**
	writing	☐	**native**	☐	**fluent**	☐	**good**	☐	**fair**
……	**speaking**	☐	**native**	☐	**fluent**	☐	**good**	☐	**fair**
	writing	☐	**native**	☐	**fluent**	☐	**good**	☐	**fair**
……	**speaking**	☐	**native**	☐	**fluent**	☐	**good**	☐	**fair**
	writing	☐	**native**	☐	**fluent**	☐	**good**	☐	**fair**

Computer skills:

	Low	Moderate	High
Word			
Excel			
PowerPoint			
Prezi			
Canva			
Moviemaker			
Creation of websites			
Other:			

Why are you interested in participating in this project? How could you contribute to it?

What are your hobbies? What are you passionate about?

Answer YES or NO:

Are you willing to attend the Erasmus+ club regularly? ☐

Are you willing to work alone or in small groups to prepare and promote your topic? ☐

Are you willing to spend a week abroad in one of the partner countries and stay with a family of one of the partner students? ☐

Are you willing to host a partner student for a week? ☐

Do your parents agree? ☐

Have you got any questions?

Introduce yourself and tell us why you should belong to the ErasmusPlus national team

Einwilligungserklärung zur Benutzung der Kontaktdatenfür das Projekt ErasmusPlus

Name, Vorname des Schülers/der Schülerin: _____ Klasse: _____

Ort, Datum _____ Unterschrift _____

Name und Unterschrift des/der Erziehungsberechtigten:

Name, Vorname	**Unterschrift**

To be completed by individual(s) (parents/guardians if subject is less than 18 years of age) who appear in any photographs taken.

Photography Consent Form

For our Erasmus+ Project we would like to take your photographs/videos for dissemination purposes. These images may be sent out to the media with a press release, used for our publications or on the project and school website(s).

I agree to allow photographs of me to be taken and grant permission for these to be used by the Erasmus+ Project National Team and its partners to promote project initiatives in publications, press articles, promotional material and websites, exclusively for non profitmaking purposes.

Name (please use capital letters):

…… Class: ……

Contact email address:

……..……..

Telephone number:

……..……..……..

Signed: ……Date: ……..…….

I also agree to my name being published in any associated publicity if required.

I will not authorise use of the images taken, or any other information provided, for any other purpose.