



FIAT-IFTA International Funeral Exchange Program

APPLICATION FORM

APPLICATION FORM : (MONTH, YEAR)

1. Personal data: (please print)

| | |
|--|--|
| Title (Mr, Mrs. or Ms) | |
| Surname / Family Name (s): | |
| First name(s): | |
| Nationality indicated on passport: | |
| Sending Home Institution/Company: | |
| Date of birth: (ex: day-month-year) | |
| Place of birth (Town + Country): | |
| Passport number: | |
| Issued at: | |
| Valid until: | |
| Tel: | |
| Private Email: | |

Personal and permanent address:

| | |
|-----------------------|--|
| Street | |
| Town | |
| Postal Code | |
| State/Province | |
| Country | |

2. Sending Home Institution/Company:

| | |
|-------------------------------------|--|
| Name of Institution/Company: | |
| Address: | |
| Country: | |
| International Coordinator: | |
| Company Representative: | |
| Email: | |
| Telephone: +(country code) | |
| Tutor / Professor: | |
| Email: | |
| Telephone: +(country code) | |

3. Health declaration and Travel insurance:

I declare that (tick the box) I have no health condition or disability which would prevent me from undertaking the requirements of this position in a manner which is safe for me and others.

I declare that (tick the box) I am in possession of a valid international travel and health insurance plan that covers fully all costs for medical care, stolen and lost property, caused damage and emergency assistance.

COMPANY:

INSURANCE POLICY:

4. Emergency contact

| | |
|--|--|
| Next of Kin (Mr / Mrs NAME, First name) | |
| Telephone | |
| Relationship | |
| Language spoken by this person | |

| 4. Your Language Competences | Language | Level |
|--|----------|-------|
| 1st Foreign language or native Language | | |
| 2nd Foreign Language | | |
| 3rd Foreign Language | | |

4. Your Language Competences

| University Diploma/Degree | Bachelor | Master |
|----------------------------------|-----------------|---------------|
| | | |
| | | |
| | | |
| | YES | NO |

7. Check list

COMPULSORY: Documents to be attached

| |
|---|
| Application fully completed in CAPITAL letters |
| 1 Identity photo |
| Visa (if required) |
| Insurance and Health declaration |
| completed declaration of financial support form with a current and official bank statement or a letter on bank stationary. |

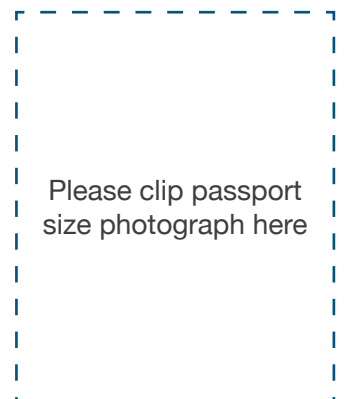
Scanned forms to be returned fully completed to: **info@thanos.org**

No need to send originals by post, we accept scanned application form and documents

Deadline for 1st three weeks' session in May: January 1

Deadline for 2nd three weeks' session in October: June1.

Photo



Date:

Signature of FOA: