Application Form for ELE Focalae

You must answer all the questions. Mark N/A if necessary. Only applicants that comply with the required profile and documents will be considered. You should submit your completed application form and the supporting documents to the following email: ELEFocalaeColombia@gmail.com. The subject line should be marked: China_Family Name.

`Ke	quired
1.	Email address *
2.	First Name *
3.	Family Name *
4.	Date of Birth * Example: 15 December 2012
5.	Age *
6.	Nationality *
7.	Country of residence *
8.	City *

9.	ID Number *
10.	Passport number *
11.	Date of Expiration of your Passport *
12.	Do you have any valid visas on your Passport? * Mark only one oval. Yes
13.	No If the answer is "yes". Which one/s? *
14.	Date of expiration of the visa/s *
15.	Gender * Mark only one oval. Male Female Prefer not to say
16.	Marital Status * Mark only one oval. Single Married
	Divorced, Separated Widowler

17.	Address *
18.	Mobile number (Include country code) *
19.	Phone number *
20.	Place of birth *
21.	How many people do you live with and who does your family comprise of? *
22.	Have you travelled overseas before? * Mark only one oval. Yes No
23.	If the previuos answer is "yes", where have you been? *
24.	Have you spent 3 (three) months or more living away from your family? * Mark only one oval. Yes
	No

25.	Would you have any inconvenience in sharing your room with 2 (two) or more
	people during the training week? * Mark only one oval.
	Yes
	No
26.	
	Would you have any inconvenience in sharing your room with people of a different gender during the training week? *
	Mark only one oval.
	Yes
	No
27.	
	At some other time, have you done any volunteer work? *
	Mark only one oval.
	Yes
	No
28.	If the previous answer is "yes" please, briefly describe your volunteering experiece: *
29.	
	Do you have any dietary restrictions? *
	Mark only one oval.
	Yes
	No
30.	If the previous answer is yes, which dietary restrictions do you have? *

31.	Do you have any medical condition we should be aware of? * Mark only one oval.
	Yes No
32.	If the previous answer is yes, which important medical condition do you have? *
33.	Do you take any regular medication? * Mark only one oval. Yes No
34.	If the previous answer is "yes", which? *
35.	Do you have any allergies? * Mark only one oval. Yes No
36.	If the previous answer is "yes", which?*
37.	Undergraduate Institution *
38.	Country/City *

39.	Year of completion *	
40.	Degree earned *	
41.	Postgraduate Insitution (if applicable) *	
42.	Country/City *	_
43.	Year of completion *	_
44.	Degree earned *	_
45.	Do you have any additional academic bac Institution? If so, which one? *	ckground or title held in any additional
46.	Are you certified by The National Tourisn Tourist Guides. *	n Authority that certifies you? – Just for
	Mark only one oval.	
	Yes	
	() No	

47.	Do you have professional experience related to being a tourist guide? * Mark only one oval.
	Yes No
48.	If the previous answer is "yes", where did you work and what was your position? *
49.	What period of time did you work? *
50.	Do you have professional experience and/or publications related to Latin America? * Mark only one oval. Yes No
51.	If the answer is "yes". Title of the publications (just for publications) *
52.	Where could we find your publications? (Just for publications) *

53.	What is your first language *
54.	Your knowledge of English is: *
	Mark only one oval.
	Advanced
	Intermediate
	Basic
55.	We also had a 150 and the 5
	Your knowledge of Spanish is: * Mark only one oval.
	Advanced
	Intermediate
	Basic
	Non-existent
56.	Do you have knowledge of other languages 2 *
	Do you have knowledge of other languages? * Mark only one oval.
	Yes
	No
57.	If your answer is "yes", which one/s? *
58.	What do you know about Colombia? *

59.	Do you know what "ELE Focalae" is? * Mark only one oval.	
	Yes No	
60.	If the previous answer is "yes", what do you program ? *	know about the "ELE Focalae"
61.	Where was the program developed? *	
62.	What is the mission of the program? *	
63.		
- "	Why do you think you are a suitable candida	te for the program? *

64.	What would you like to do once you finish the program? *
65.	
00.	In which way would you benefit from the program? *
66.	
	In which ways would you benefit others from the program? *
67.	Would you be able to teach and/or volunteer in your free time? *
	Mark only one oval.
	Yes
	No
68.	Would you be able to participate in cultural integration events? * Mark only one oval.
	Yes
	No
69.	Father's Full Name *

70.	Address *	
71.	e-mail *	
72.	Mobile/Phone number *	
73.	Mother's Full Name *	
74.	Address *	-
75.	E-Mail *	
76.	Mobile/Phone number *	
Su	pporting Documents Check	list
77.	Copy of the principal page of your passportick all that apply.	ort containing biographical information *
	Attached	

78.	Copy of your valid USA or Schengen Visa Tick all that apply.
	Attached
79.	Recent Passport Size Photo (3.5 x 4 cms) * Tick all that apply. Attached
80.	Medical Certificate in English in the Annex II form * Tick all that apply. Attached
81.	Yellow Fever Vaccination Certificate, if you have it Tick all that apply.
	Attached
82.	English Language Certificate * Tick all that apply. Attached
83.	For Tourist Guides: Acceptance Letter or Authorisation issued by the National Tourism Authority or competent authorities of their country Tick all that apply. Attached
84.	For undergraduate and graduate students: Confirmation of enrollment letter issued by the university of origin that includes Grade Point Average (GPA) of the candidate Tick all that apply. Attached
85.	For graduate students: Copy of undergraduate diploma Tick all that apply.
	Attached

Travel ItineraryPlease inform us about your potential itinerary to Colombia in case of being selected

86.	Departure country and city	
87.	Departure airport	
88.	Emergency contact	
89.	Area Code + Mobile phone number (Emergency Contact)	
90.	Terms and conditions in case of being selexpenses from not using the tickets or log have a force majeure justified. 2) If a chan already been issued by the operator and second colombia will not intervene in this procede changes incur in additional expense, which tick all that apply. Accept Don't Accept	gistic's services, except if the partcipant ge is necessary in a ticket that has sent to the participant, the Goverment of ure, bearing in mind that this type of

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