



Fundación de la **Lengua Española**

FMAP PROGRAM

APPLICATION FORM

*Please print the following information **exactly** as it appears on your passport:*

Family Name

First Name

Middle Name

Date of Birth Month / Day / Year

City and Country of Birth ,

Country of Citizenship

Country of Legal Residence

Contact Information:

Address

City

Postal Code

Province

Country

Telephone, with country code

Mobile Phone +1

Time difference to New York City 6 hrs. hours ahead / behind (circle one)

E-mail address @

Parents' address, if different from above

Parents' Telephone, with country code +1

Personal Information:

Age Sex: Female Male

Current Occupation

Languages Spoken

Education Information: *Please list secondary & college/university information only*

Name & Location of School/University **Dates Attended** **Field of Study** **Degree Earned or Expecting**

*Please attach a cheerful
passport size photo here*





Fundación de la **Lengua Española**

EMPLOYMENT HISTORY

Name and Address of Employer	Dates of Employment	Job Title/Duties Performed

LEADERSHIP IN GROUP ACTIVITIES

Name of Organization/Club	Leadership Position Held	Dates of Participation

CERTIFICATES & AWARDS

Certification/Award Title	Awarding Organization	Date Received

OTHER EXPERIENCE WORKING WITH GROUPS OF CHILDREN





Fundación de la Lengua Española

Do you have any criminal convictions? Yes No

Have you ever been accused of, or involved in an incident involving the sexual or physical abuse of a child? Yes No

If YES for either of the above, please explain in detail on a separate sheet of paper.

Do you have any special dietary restrictions? Yes No

Are you a smoker? Yes No

Do you have a driver's license? Yes No

If yes, how long have you been driving?

Person to notify in an emergency Relationship to you

Address

City Country

Phone & country code

I hereby certify that all information contained herein is true to the best of my knowledge. I acknowledge that I have read the FLE information and application instructions that explain the details of the program, and I agree to cooperate fully with the rules and the conditions of the program outlined therein. I understand that I am expected to abide by the regulations of the school which hosts me;

Print your name

Signature

Date

De acuerdo con lo establecido en la Ley Orgánica 15/1999 de Protección de Datos de Carácter Personal, le informamos de que sus datos personales serán tratados con la finalidad de gestionar su participación en la actividad. Con la firma de este documento, consiente expresamente el tratamiento de los datos que nos facilite, así como el envío del boletín de noticias de la Fundación de la Lengua Española e información sobre programas organizados por ella. Si no quiere recibir estas comunicaciones, por favor marque esta casilla: . Para el ejercicio de sus derechos de acceso, rectificación, cancelación y oposición deberá dirigirse al responsable del fichero, Fundación de la Lengua Española, en la dirección: C/ Santiago 15, 1º izqda., 47001 - Valladolid.

According to Ley Orgánica 15/1999, regarding the Protection of Personal Data, we inform you that your personal data will be used in order to manage your participation in this program. By signing this form, you are consenting to the processing of your personal data, along with expressing your interest in receiving the newsletter and other information concerning to programs of Fundación de la Lengua Española. Please check this box: If you do not wish to give your personal data nor receive our newsletter or other notices. For exercising your rights to access, correct, cancel and oppose your data, please contact Fundación de la Lengua Española, C/ Santiago 15, 1º izqda., 47001 - Valladolid.

