

Apellidos/family name: \_\_\_\_\_ Nombre/Given name: \_\_\_\_\_

Fecha nacimiento/Date of birth: \_\_\_\_\_ Móvil estudiante/Student's mobile \_\_\_\_\_

 Edad / age: \_\_\_\_\_ Male / female ( *circula* )

Have you got Brothers or sisters? Yes no

If so, how many and how old?

1

2

3

Have you ever been abroad on an English course before? Yes no

If so, where and when?

1

2

3

Have you been away from your family on your own before? Yes no

If so, when and where?

1

2

3

Have you got any pets? Yes no

Are you afraid of domestic animals? Yes no

How do you spend your free time?

1

2

3

Tick which of the following you would be happy with:

sport

Indoor games

Art crafts, drawing

hiking

Watching TV

Playing instruments

Otros:

1

2

Can you live in a home with a dog/cat that lives indoors? Yes No

Can you live in a home with a dog/cat that lives outdoors? Yes No

Can you live in a home with an animal, if the animal is not permitted in your bedroom? Yes No

Have you ever been treated by a doctor for this allergy/symptom? Yes no

In what year was your allergy diagnosed? \_\_\_\_\_

Write a the back a small letter telling us a little bit more about yourself and why do you want to live such an amazing experience. Follow guidelines if you need ( attached )