

**Candidate information questionnaire**

**Personal details**

|  |  |
| --- | --- |
| **Given name(s):** |  |
| **Family name(s):** |  |
| **Date of birth:** |  |
| **Citizenship:** |  |
| **Sex:** |  |
| **Degree (if any):** |  |
| **Place of birth:** |  |
| **Region of birth:** |  |
| **Country of birth:** |  |
| **Passport number:** |  |
| **Contact e-mail:** |  |
| **Phone:** |  |

**Permanent residence**

|  |  |
| --- | --- |
| **\*Country:** |  |
| **\*Postcode:** |  |
| **\*Municipality:** |  |
| **\*Street:** |  |
| **\*House number:** |  |

**Postal address (if different from above)**

|  |  |
| --- | --- |
| **Country:** |  |
| **Postcode:** |  |
| **Municipality:** |  |
| **Street:** |  |
| **House number:** |  |

**Scope of services**

|  |  |
| --- | --- |
| **I want to apply to the following programme(s):** | (Please specify) |
| **I am interested in medical insurance for the Czech Republic/EU** | YES/NO |
| **I want to arrange dormitory** | YES/NO (Free of charge) |
| **I want to arrange flat rent in Prague** | YES/NO |

**Previous secondary school studies**

|  |  |
| --- | --- |
| **\*Previous employment/educational details:** |  |
| **\*Secondary school graduation year:** |  |
| **\*Country:** |  |

**Previous university studies**

|  |  |
| --- | --- |
| **\*Country:** |  |
| **\*Study started in:** |  |
| **\*Study completed in:** |  |
| **\*University:** |  |
| **\*Study programme:** |  |
| **\*Studied branch 1:** |  |

**Attachments**

(Please specify which documents can you provide)

Euroasian Education can help you with providing all the documents in appropriate form and standard. We need your **transcript of records** and **copy of university diploma if you have finished your bachelor studies**.

|  |  |
| --- | --- |
| **Copy of a university diploma:** | YES/NO |
| **Curriculum Vitae:** | YES/NO |
| **Motivation letter:** | YES/NO |
| **English certificate** | YES/NO |
| **Letter of recommendation** | YES/NO |
| **Transcript of Records:** | Mandatory |

**Additional information**

|  |  |
| --- | --- |
| Requirements for a special treatment because of a handicap/disability: | Please specify |
| Notes | Please specify |