*Please fill out electronically and contact the* [*ENM Coordinator of your home institution*](https://www.enm-network.com/Network-Institutions/)

**APPLICATION FORM 2021/22**

**For attending the exchange programme in the European Nursing Module (ENM)**

*(After allocation of exchange placement by the ENM International Coordinator, this form will be forwarded to the receiving institution by the home institution)*

**

*insert photograph with the application*

Name of home institution: Klicken oder tippen Sie hier, um Text einzugeben.

Student first name: Klicken oder tippen Sie hier, um Text einzugeben.

Family name: Klicken oder tippen Sie hier, um Text einzugeben.

Home address: Klicken oder tippen Sie hier, um Text einzugeben.

City: Klicken oder tippen Sie hier, um Text einzugeben.

Country: Klicken oder tippen Sie hier, um Text einzugeben.

Telephone: Klicken oder tippen Sie hier, um Text einzugeben.

Email: Klicken oder tippen Sie hier, um Text einzugeben.

Date and place (town and country) of birth: Klicken oder tippen Sie hier, um Text einzugeben.

Gender: Klicken oder tippen Sie hier, um Text einzugeben.

Start of nursing education, month/year: Klicken oder tippen Sie hier, um Text einzugeben.

Please, mark your level of communication in each language, the Common European Framework of Reference for Languages (CEFR) was published in 2003. [Recommended Level B2](https://europass.cedefop.europa.eu/resources/european-language-levels-cefr) in English, [use this overview to check levels](https://europass.cedefop.europa.eu/sites/default/files/cefr-en.pdf). If necessary, it is possible to us [this test](https://www.efset.org/) for free.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Level  | Level name | English | Spanish | French | Italian | German | Other language – name the language(s):Klicken oder tippen Sie hier, um Text einzugeben. |
| A1 | Breakthrough or beginner | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| A2 | Waystage or elementary | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| B1 | Threshold or intermediate | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| B2 | Vantage or upper intermediate | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| C1 | Effective operational proficiency or advanced | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| C2 | Mastery or proficiency | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

[ ]  I agree that my personal information can be collected and transferred only within the ENM Network for the duration of my student exchange

Possible home contact name if needed during exchange period:

Name and relationship: Klicken oder tippen Sie hier, um Text einzugeben.
Address: Klicken oder tippen Sie hier, um Text einzugeben.

Home phone number with country code: Klicken oder tippen Sie hier, um Text einzugeben.

Work phone number with country code: Klicken oder tippen Sie hier, um Text einzugeben.

Email address: Klicken oder tippen Sie hier, um Text einzugeben.

In order of priority, identify 4 different Network institutions for exchange in at least two different countries: [check list of available places](https://www.enm-network.com/Network-Institutions/)

[ ]  No preference: Any of the available destinations is suitable for me.

1: Klicken oder tippen Sie hier, um Text einzugeben.

2: Klicken oder tippen Sie hier, um Text einzugeben.

3: Klicken oder tippen Sie hier, um Text einzugeben.

4: Klicken oder tippen Sie hier, um Text einzugeben.

The module consists of 1 week of preparation, 2 weeks of exchange and 1 week of reflection.

I wish to apply for the following 2-week period of exchange:

From: Klicken oder tippen Sie hier, um Text einzugeben. To: Klicken oder tippen Sie hier, um Text einzugeben. Year: Klicken oder tippen Sie hier, um Text einzugeben.

I would like to go on the exchange with (max 1 student): Klicken oder tippen Sie hier, um Text einzugeben.

I have already participated in an ENM exchange Yes [ ]  No [ ]

Year: Klicken oder tippen Sie hier, um Text einzugeben.

Host Institution: Klicken oder tippen Sie hier, um Text einzugeben.

Personal aims for the exchange:

Klicken oder tippen Sie hier, um Text einzugeben.

List your clinical experience to date:

Klicken oder tippen Sie hier, um Text einzugeben.

I agree to comply with the regulations as stated in [“How to plan my ENM project”](http://www.enm-network.com/files/ENM_student_how_to_plan_the_exchange.pdf) for preparation, exchange and reflection.

By signing this application form, I commit to participate in the entire ENM programme, and I am aware, that only fully completed application forms will be processed.

Date: Klicken oder tippen Sie hier, um Text einzugeben.

Student signature: 

To be completed by the home institution: Klicken oder tippen Sie hier, um Text einzugeben.

Date: Klicken oder tippen Sie hier, um Text einzugeben.

Application supported/signature: 

*Agreed: AGM April 1999, Trondheim, Norway. Revised April, 2003, Silkeborg, Denmark . Revised April 2007 Póvoa de Lanhosa, Portugal. Revised April 2009, Biel, Switzerland. Revised April 2006 Stockholm, Sweden. Revised April 2014, Leiden, The Netherlands. Amended April 2015, Pitesti, Romania. Revised April 2019, Rostov, Russia. Revised October 2021, Bitola, Noth Macedonia.*