**SUMMER SCHOOL OF SLAVONIC STUDIES 2021 – ČESKÉ BUDĚJOVICE**

**APPLICATION FOR THE SELF-PAYERS**

1. **INFORMATION ABOUT THE APPLICANT** *(Please fill in this form using* ***capital*** *letters.)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Surname(s)** |  | | | | |
| **First name(s)** |  | | | | **Photo** |
| **Academic Degree** |  | | | |
| **Sex** | MALE | | FEMALE | |
| **Date of birth** | *(day)* | *(month)* | | *(year)* |
| **Place of birth** |  | | | |
| **Citizenship** |  | | | |
| **Nationality** |  | | | |

**Permanent Residence Address:**

|  |  |
| --- | --- |
| Street and House No. |  |
| City and Postal code |  |
| Country |  |

**Contact Address:**

|  |  |
| --- | --- |
| Street and House No. |  |
| City and Postal code |  |
| Country |  |

|  |  |
| --- | --- |
| **E-mail** |  |
| **Telephone number** | *(incl. country and city code)* |
| **Occupation** | *(e.g. student, employee etc.)* |
| **Present employer/institution** |  |
| **Passport number** |  |

1. **LEVEL OF APPLICANT’S CZECH LANGUAGE SKILLS**

|  |  |
| --- | --- |
| Elementary level | Low-intermediate level |
| Intermediate level | Advanced level |

Describe your experience with the Czech language:

……………………………………………………………………………………………………………

Where did you study the Czech language, for how long and what study programme?  
*(if applicable)*

What are your interests related to the Czech language or culture? *(linguistics, literature, history etc.)*

……………………………………………………………………………………………………………

Have you participated at the Summer School of Slavonic Studies before?

Yes, three or more times Yes, twice Yes, once No, never

1. **FURTHER INFORMATION**

|  |  |
| --- | --- |
| I am a vegetarian:  YES  NO  I am a smoker:  YES  NO | I request accommodation in hall of residence (student dorm):  YES  NO |
| Other requests:  *(Whether there is a possibility to request a single room in the accommodation, please consult the preferred institution providing the Summer School course.)* | |

1. **IMPORTANT**

**Health insurance** is NOT provided. Self-payers are advised to arrange a medical insurance policy for the period of their stay in the Czech Republic. More information can be provided by the consular section of the Czech Embassy in your country; EU/EEA medical insurance system is described on the website of the [Health Insurance Bureau](http://www.kancelarzp.cz/index.php/en).

**Visa –** Information on the conditions of entry and residence of foreign nationals in the Czech Republic is available on the website of the Ministry of Foreign Affairs of the Czech Republic at: <http://www.mzv.cz/jnp/en/information_for_aliens/general_visa_information/index.html>.

1. **ANNEXES**

Curriculum Vitae in Czech or English

1. **DECLARATION**

By filing this application for the Faculty of Arts, University of South Bohemia in České Budějovice, I hereby acknowledge that my personal data provided in the application form and attachments thereto submitted for the purpose of selection proceedings by the Department of Czech for Foreigners, to the extent that is necessary to address my application, in compliance with the Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation).. I also acknowledge that my personal data will be stored in analogue documents as well as in digital form by the Department of Czech for Foeigners for a strictly necessary period stipulated in their respective File Retention and File Destruction Rules.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| In |  |  |  |  |  |
| *Place* |  | *Date* |  | *Signature* |