

Application to the course in Swedish for immigrants (SFI)

Ankomstdatum:

Diarienummer:

Sign:

Family name		First name	
Social security number		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	
Address		Postal code and place of residence	
Cell phone number		E-mail	
Next of kin (First choice)		Cell phone number	Relative <input type="checkbox"/> Friend <input type="checkbox"/>
Next of kin		Cell phone number	Relative <input type="checkbox"/> Friend <input type="checkbox"/>

<input type="checkbox"/> Refugee	<input type="checkbox"/> Other immigrant	Date of arrival in Sweden	Date for PUT	Date for TUT
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Need of interpreter at the first meeting at Sfi <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, into what language do you want translation?
Work during studies <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, to what extent? % <input type="checkbox"/> No		Employer

Nationality and languages

Nationality	Mother tongue	Write	Read
Other languages	Speak	Understand	Write
Do you know how to write the Latin Alphabet? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Previous studies

Have you attended school in your home country? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you attended school in another country? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of years in school?		At what level?	
In what language was the education held?		Certificate, transcript of records, from native country? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Previous education in the Swedish language

Instructor	Place of education	Period of education	Did you get a certifikat? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Previous work experience

Work experience	For how long?
Certifikat, transcript of records from previous work?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Digital competence

Do you know how to use a computer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ipad? <input type="checkbox"/> Yes <input type="checkbox"/> No	Smartphone? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have access to a computer at home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you search for information on the Internet? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you write and save a document on the computer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Other skills and/or hobbies

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Do you want to continue your studies after Sfi is finished or do you want to work?

<input type="checkbox"/> Further studies	<input type="checkbox"/> Work Within what field?
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Other information

Are there anything we ought to know about your health (for example vision - or hearing impairment, allergies, medication, physical illness or other diseases)?

<input type="checkbox"/> Ready to start immediately	<input type="checkbox"/> Can start at the earliest	
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Signature by student

Date

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This Application is to be sent to the following address:

**Härjedalens kommun
LärCentrum
Medborgarhuset
842 80 Sveg**

Studieanordnarens anteckning: Studieväg 1 2 3
Kurs A B C D