

MISSION-LANGUES

Rue Ambroise Paré 6
49100 ANGERS
FRANCE
missionlangues@gmail.com
www.missionlangues.be

APPLICATION FORM
Form 1 – « Registration »

PHOTO
NECESSARY

PERSONAL DETAILS OF THE APPLICANT :

FAMILY NAME : FIRST NAME :
RELIGIOUS NAME :
DATE OF BIRTH : PLACE OF BIRTH :
NATIONALITY : PASSEPORT N°: VALID UNTIL :/...../.....
PRIEST RELIGIOUS LAY PERSON MARRIED
DIOCESE / RELIGIOUS INSTITUTE / ASSOCIATION :
ADDRESS :
POSTCODE : CITY : COUNTRY :
PHONE : E-MAIL :

PERSONAL DETAILS OF THE REFEREE :

FAMILY NAME : FIRST NAME :
RELIGIOUS NAME :
POSITION HELD IN THE INSTITUTION :
ADDRESS :
POSTCODE : CITY : COUNTRY :
PHONE : E-MAIL :

DETAILS OF THE APPLICATION :

We apply for a place in Session(s) n°.....,
which will take place from/...../20..... to/...../20.....

VISA :

Does the applicant need a visa to attend the course ? Yes No
If so, complete Form 3 – « Visa ».

SCHOLARSHIP :

Given the limited resources of our institution, we apply for financial assistance within the realm of our mission "ad Gentes" project : Yes No
If so, complete Form 4 – «Scholarship».

TERMS OF PAYMENT :

- Payment of a non-refundable deposit of 300 Euros (€), once the application is accepted
- Payment of the balance due for each session, 10 days before the start of the session
- Once a student has begun a session, full payment is expected
- Payments should be made in Euros (€) by international bank transfer. Cheques will not be accepted.

ACCEPTANCE OF THE REGISTRATION :

Once the fully completed application has been received, an official acceptance will be sent to the referee.

The applicant and the referee agree to the conditions stated.

Signature of the applicant
Done at, on/...../20.....

Signature of the referee
Done at, on/...../20.....

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APPLICATION FORM

Form 2 – «Educational Information»

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PERSONAL DETAILS OF THE APPLICANT :

FAMILY NAME : FIRST NAME :
RELIGIOUS NAME :
DATE OF BIRTH : NATIONALITY :
PRIEST RELIGIOUS LAY PERSON MARRIED
PHONE : E-MAIL :

USEFUL INFORMATION :

FIRST LANGUAGE : OTHER LANGUAGES SPOKEN :
MAIN AREA OF COMPLETED STUDIES :
MAIN ACTIVITIES IN THE PAST :
PRESENT OCCUPATION :
HAVE YOU STUDIED FRENCH BEFORE ? YES NO
IF SO, WHEN ? WHERE ?
FOR HOW MUCH TIME ? ; HOUR(S)/MONTH OR HOUR(S)/WEEK
HOW WOULD YOU RATE YOUR LEVEL OF FRENCH ?
WRITTEN: NIL WEAK MEDIUM VERY GOOD
ORAL : NIL WEAK MEDIUM VERY GOOD

PROJECT FOR WHICH FRENCH IS REQUIRED :

MISSION « AD GENTES » PROJECT PASTORAL PROJECT STUDIES/FORMATION
RESPONSABILITIES WITHIN YOUR INSTITUTION OTHERS
DESCRIPTION OF THE PROJECT :

.....
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TO ALLOW US TO MAKE A PRELIMINARY EVALUATION :

IN TEN LINES, PLEASE RECOUNT IN FRENCH SOMETHING YOU REMEMBER FROM YOUR HOLIDAYS OR CHILDHOOD
(DON'T USE DICTIONARY, GRAMMAR BOOK, OR OUTSIDE ASSISTANCE !):

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Form 3 - « Visa »

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Would you complete carefully this form and return it to us if the applicant needs documentation to request a visa for studies in France.

Please attach also a **copy of the identity page** of the applicant's passport.

PERSONAL DETAILS OF THE APPLICANT :

FAMILY NAME : FIRST NAME :

DATE OF BIRTH : AT NATIONALITY :

PASSEPORT N° : ISSUED ON :/...../..... AT

DATE OF EXPIRY :/...../.....

PRIEST RELIGIOUS LAY PERSON **FOR RELIGIOUS INSTITUTES :**

- MEMBER OF THE INSTITUTE SINCE/...../.....
- NOVICE
- POSTULANT
- OTHER (SPECIFY) :

FOR DIOCESES :

- DATE OF INCARDINATION :/...../.....
- BISHOP
- PRIEST
- SEMINARIST
- OTHER (SPECIFY) :

MEDICAL INSURANCE – OBLIGATORY :

NAME OF THE INSURANCE COMPANY COVERING THE APPLICANT DURING THE FIRST THREE MONTHS OF THE COURSE :

- I.M.S. (INTERNATIONAL MISSIONARY BENEFIT SOCIETY)
- CAVIMAC («CAISSE DES CULTES»)
- OTHER (SPECIFY) :

PERIOD COVERED FROM/...../..... TO/...../.....

DATE OF THE BEGINNING OF THE COURSE IN FRANCE :/...../20.....**PERSONAL DETAILS OF THE REFEREE FOR THE APPLICANT :**

FAMILY NAME : FIRST NAME :

RELIGIOUS NAME :

POSITION HELD IN THE INSTITUTION :

ADDRESS :

POSTCODE : CITY : COUNTRY :

PHONE : E-MAIL :

The referee for the applicant's formation certifies that the above information is correct.

Done at, on/...../.....
 Signature

Stamp of the Institution

REASONS FOR THE REQUEST (IN DETAILS) :

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ASSISTANCE REQUESTED :

We request a scholarship representing % of the financial participation.

OTHER COMMENTS :

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This request is reserved exclusively for mission "ad Gentes" projects.

Mission-Langues commits to forward the request to the responsible authorities, but can in no way be held responsible for the response which might be given.

If the request is accepted, the scholarship will be paid directly to Mission-Langues. In cases of cancellation of the application, the scholarship will be returned to P.M.S.

The referee declares that he/she understands all the conditions stated and accepts them.

Done at,
Date and Signature

Stamp of the Institution