



IMPROVING EUROPEAN WORKEXCHANGE EXPERIENCES FOR YOUNG PEOPLE
& PROVIDING TRAINING AND SUPPORT FOR TEACHERS AND ENTERPRISES

TRAINEE INTRODUCTION AND CONTACTS FORM for Workplace Mentors

(Student) Name:	
Home Address:	
Telephone No:	
Date of Birth:	
Knowledge/Expertise (English level where appropriate):	
Contact Person at Host College and/or Accompanying teacher contact information:	
Contact Person in Home Country: (name/address/phone number)	
Any special needs and/or necessary medical information of student	