



**Personal details**

Personal number/Coordination number	First name	Surname
c/o	Street name	Area code & city
Phone number	Email	
Nationality	First language	I also speak:
Name and phone number of family member/friend in case of emergency		Family member/friend speaks Swedish <input type="checkbox"/> Yes <input type="checkbox"/> No
I am a: <input type="checkbox"/> Refugee <input type="checkbox"/> EU-citizen <input type="checkbox"/> Other		

**Education and work experience**

Total amount of years in school: \_\_\_\_\_

Work skill from home country:

\_\_\_\_\_

I can read and write in my first language :  YES  NO

Work in home country:

\_\_\_\_\_ Years/month: \_\_\_\_\_

I have knowledge of the latin script:  YES  NO

\_\_\_\_\_ Years/month: \_\_\_\_\_

I have some knowledge in Swedish:  YES  NO

Work in Sweden: \_\_\_\_\_ Years/month: \_\_\_\_\_

If YES where have you learned Swedish? \_\_\_\_\_

\_\_\_\_\_ Years/month: \_\_\_\_\_

I have a grade in SFI :  A  B  C  D

\_\_\_\_\_ Years/month: \_\_\_\_\_

**PURPOSE OF STUDIES**

I want to continue studying to: \_\_\_\_\_

I want to work as: \_\_\_\_\_

**APPLICATION**

Application for Sfi  Daytime  Evening

Application for Civic orientation ( Law 2010:97 and 2013:156)

I am part of the introduction program at Arbetsförmedlingen :  YES  NO

My case handler at Arbetsförmedlingen is: \_\_\_\_\_ Phone: \_\_\_\_\_

*The information in this application will be registered by the City of Jönköping according with the Personal Records Act (1998:204).*

**Send application to: Jönköpings kommun, Vuxenutbildningsenheten, Kyrkogatan 1, 553 16 Jönköping**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature