



## Application to the course in Swedish for immigrants (SFI)

Ankomstdatum:

Diarienummer:

Sign:

Dossiernummer:

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"/> Seeking Asylum	<input type="checkbox"/> Other immigrant	Date of arrival in Sweden	Date for PUT
----------------------------------	---	--	---------------------------	--------------

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	Read

Do you know how to write the Latin Alphabet?  Yes  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
------------	--------------------	---------------------	--

### 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

--

### 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?
--	--

### 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	
---	--	--

Signature by student

Date

--	--

This Application  
is to be sent to  
the following  
address:

**Härjedalens kommun  
LärCentrum  
Medborgarhuset  
842 80 Sveg**

Information enligt 23 och 24 §§ personuppgiftslagen (PuL) (1998:204). De personuppgifter du lämnat kommer att användas vid Lärcentrums administration av vuxenutbildning. Personuppgifter i allmänna handlingar hos kommunen kan komma att lämnas ut enligt offentlighetsprincipen till den som begär det.

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