

YEAR
22
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APPLICATION FORM

Kiruna Fishing School



YOUR GUIDE TO BECOMING A GUIDE

- ✓ Please fill in ALL boxes below in BLOCK CAPITALS. Use black or blue ink.
- ✓ Ensure ALL sections are completed accurately, if not it may affect admission/selection to the education.
- ✓ If you scan and send the application by email, make sure it is a good readable photocopy.

Welcome with your application!

OFFICE ONLY

Date application received

Notes

YOU ARE APPLYING TO A: Full-time Course at Malmfältens Folk High School in Kiruna Sweden (please tick)

PERSONAL DETAILS (YOU MUST ENSURE ALL SECTIONS ARE COMPLETED ACCURATELY)

First name	<input type="text"/>	Middle name	<input type="text"/>		
Surname	<input type="text"/>	Gender: Female	<input type="checkbox"/>	Male	<input type="checkbox"/>
Date of birth (full personal identity number)	<input type="text"/>	Nationality	<input type="text"/>		
Full postal address (home address, city or town, country)	<input type="text"/>				
	<input type="text"/>				
		Postcode	<input type="text"/>		
Home telephone/Mobile telephone	<input type="text"/>				
E-mail	<input type="text"/>				

PARENT/GUARDIAN/NEXT OF KIN (YOU MUST PROVIDE CONTACT DETAILS IN THE EVENT OF AN EMERGENCY)

1)	First name	<input type="text"/>	Surname	<input type="text"/>
	Relationship to student	<input type="text"/>	E-mail	<input type="text"/>
	Full postal address (home address, city or town, postcode, country)	<input type="text"/>		
	<input type="text"/>			
	Home telephone/Mobile telephone	<input type="text"/>		
2)	First name	<input type="text"/>	Surname	<input type="text"/>
	Relationship to student	<input type="text"/>	E-mail	<input type="text"/>
	Full postal address (home address, city or town, postcode, country)	<input type="text"/>		
	<input type="text"/>			
	Home telephone/Mobile telephone	<input type="text"/>		

EDUCATION HISTORY (PROVIDE INFORMATION ON YOUR MOST RECENT EDUCATION HISTORY)

1) Elementary school Completed: YES NO

Describe your education/number of years:

2) Upper secondary school Completed: YES NO

Describe your education/number of years:

3) Higher education/University Completed: YES NO

Describe your education/number of years:

ADDITIONAL INFORMATION

I want to apply for accommodation at the school: YES NO

Do you suffer from any medical conditions? YES NO

If YES please describe your medical conditions:

Other information of importance that you want to add (optional to answer):

QUESTION TO APPLICANTS WITH SWEDISH CITIZENSHIP ONLY

Jag kommer söka studiemedel från CSN (I as a Swedish citizen will apply for study fund from CSN) : YES NO

Notice for foreign students

Visiting students i.e. foreign students must be able to support themselves, either with scholarships grants or loans from their home country or by means of personal funds. Check the **Swedish Migration Agency** website for more information on the current minimum amount:

www.migrationsverket.se

