Personal Information Sheet Open Call Studio Residency Stipend Bibliothek Andreas Züst

For working teams of up to four persons, please fill in the respective information individually for each person.

PERSONAL NFORMATION (Individual or First Person of a Team)	Last Name/First Name: Address: Country: Telephone: Email: Website: Nationality: Date of Birth: Request for Living Costs Sub	sidy (CHF 500 per person):	
EDUCATION	Education/Study Program:_ Institution: Year of Graduation: _		
	Education/Study Program:_ Institution: Year of Graduation:		
LANGUAGES AND LEVEL	Language: _	native speaker or bilingual	 fluent
	Language: _	able to converse basic	knowledge
		native speaker or bilingual able to converse basic	fluent

PERSONAL INFORMATION (Second Person of a Team)	Last Name/First Name:		
	Address:		
	Country:		
	Telephone:		
	Email:		
	Website:		
	Nationality:		
	Date of Birth:		
	Request for Living Costs Sub	sidy (CHF 500 per person):	yes no
	•		•
EDUCATION	Education / Study Program:		
	Institution:		
	_		
	Year of Graduation: _		
	Education/Study Program:_		
	Institution:		
	Year of Graduation:		
	_		
LANGUAGEG			
LANGUAGES AND LEVEL	Language: _		fl l
		native speaker or bilingual	fluent
		able to converse basic	knowledge
	Language:		
	_	native speaker or bilingual	fluent
		able to converse basic	knowledge

Last Name/First Name:			
Address:			
Country:			
Telephone:			
Email:			
Website:			
Nationality:			
Date of Birth:			
Request for Living Costs Sub	sidy (CHF 500 per perso	on): yes	no
Education/Study Program:			
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Teal of Oraduation.			
Education/Study Program:_			
Institution:			
Year of Graduation:			
l anguage:			
Language	native speaker or hilin	gual fluent	
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	able to converse	basic knowledge	
Language:			
	native speaker or bilin	gual fluent	
	able to converse	basic knowledge	
	Address: Country: Telephone: Email: Website: Nationality: Date of Birth: Request for Living Costs Sub Education/Study Program: Institution: Year of Graduation: Education/Study Program: Institution: Year of Graduation: Language:	Address: Country: Telephone: Email: Website: Nationality: Date of Birth: Request for Living Costs Subsidy (CHF 500 per personal structure) Institution: Year of Graduation: Education/Study Program: Institution: Year of Graduation: Language: native speaker or biling able to converse Language: native speaker or biling at the speaker or biling able to converse	Address: Country: Telephone: Email: Website: Nationality: Date of Birth: Request for Living Costs Subsidy (CHF 500 per person): yes Education/Study Program: Institution: Year of Graduation: Education/Study Program: Institution: Year of Graduation: Language: native speaker or bilingual fluent able to converse basic knowledge Language: native speaker or bilingual fluent

PERSONAL INFORMATION (Fourth Person of a Team)	Last Name/First Name: _		
	Address:		
	Country:		
	Telephone:		
	Email:		
	Website:		
	Nationality:		
	Date of Birth:		
	Request for Living Costs Sub		no
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EDUCATION	5.1 · · · · (0) · 1 · 5		
	Institution:		
	Year of Graduation:		
	Education/Study Program:		
	Institution:		
	Year of Graduation:		
LANGUAGES AND LEVEL	Language:		
		native speaker or bilingual fluent	
		able to converse basic knowledge	
	Language:		
		native speaker or bilingual fluent	
		able to converse basic knowledge	
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