

Personal Information Sheet

Open Call Studio Residency Stipend

Bibliothek Andreas Züst

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

PERSONAL INFORMATION (First Person of a Team)

Last Name/First Name: _____
Address: _____
Country: _____
Telephone: _____
Email: _____
Website: _____
Nationality: _____
Date of Birth: _____
Request for Living Costs Subsidy (CHF 750 per person): ☐ yes ☐ no

EDUCATION

Education/ Study Program: _____
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

PERSONAL
INFORMATION
(Second Person
of a Team)

Last Name/First Name: _____
Address: _____
Country: _____
Telephone: _____
Email: _____
Website: _____
Nationality: _____
Date of Birth: _____
Request for Living Costs Subsidy (CHF 750 per person): ☐ yes ☐ no

EDUCATION

Education/Study Program: _____
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

PERSONAL
INFORMATION
(Third Person
of a Team)

Last Name/First Name: _____
Address: _____
Country: _____
Telephone: _____
Email: _____
Website: _____
Nationality: _____
Date of Birth: _____
Request for Living Costs Subsidy (CHF 750 per person): ☐ yes ☐ no

EDUCATION

Education/Study Program: _____
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

PERSONAL
INFORMATION
(Fourth Person
of a Team)

Last Name/First Name: _____
Address: _____
Country: _____
Telephone: _____
Email: _____
Website: _____
Nationality: _____
Date of Birth: _____
Request for Living Costs Subsidy (CHF 750 per person): ☐ yes ☐ no

EDUCATION

Education/Study Program: _____
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

PERSONAL
INFORMATION
(Fifth Person
of a Team)

Last Name/First Name: _____
Address: _____
Country: _____
Telephone: _____
Email: _____
Website: _____
Nationality: _____
Date of Birth: _____
Request for Living Costs Subsidy (CHF 750 per person): ☐ yes ☐ no

EDUCATION

Education/Study Program: _____
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