

**TO FILL IN BY THE REFEREE OF THE APPLICANT**

**1. PERSONAL DETAILS OF THE APPLICANT:**

FAMILY NAME: ..... FIRST NAME: .....  
 RELIGIOUS NAME: .....  
 DATE OF BIRTH: ..... PLACE OF BIRTH: .....  
 NATIONALITY: ..... PASSPORT N°: ..... EXPIRY DATE: (dd/mm/yyyy) ...../...../.....  
 PRIEST  RELIGIOUS  LAY PERSON  SEMINARIST  POSTULANT   
 ADDRESS: .....  
 TOWN/CITY: ..... POSTCODE: ..... COUNTRY: .....  
 PHONE: ..... E-MAIL: .....

**2. PERSONAL DETAILS OF THE REFEREE:**

FAMILY NAME: ..... FIRST NAME: .....  
 RELIGIOUS NAME: .....  
 RELIGIOUS INSTITUTE / DIOCESE: .....  
 POSITION HELD IN THE INSTITUTION: .....  
 ADDRESS: .....  
 TOWN/CITY: ..... POSTCODE: ..... COUNTRY: .....  
 PHONE: ..... E-MAIL: .....

**3. DETAILS OF THE APPLICATION:**

APPLICATION FOR A PLACE IN SESSION(S) N°..... CLASSROOM TRAINING SESSION  DISTANCE LEARNING COURSE   
 STARTING ON (dd/mm/yyyy) ...../...../20.....

**4. METHOD OF PAYMENT:**

TO WHOM SHOULD THE STATEMENT BE ADDRESSED?  
 THE REFEREE  
 OR OTHER (NAME & E-MAIL ADDRESS) .....

**5. VISA:**

IF THE APPLICANT MUST OBTAIN A VISA TO ATTEND THE COURSE, DO YOU REQUIRE AN INVITATION LETTER FROM US?  
 No  Yes  IF YES, PLEASE COMPLETE FORM 3 – «VISA».

**TERMS OF PAYMENT:**

- Payment of a non-refundable deposit of 300 Euros (€) will be required once the application is accepted.
- Payment of the balance due for each session must be made 20 days before the start of the session.
- Once a student has begun a session, full payment is expected.
- Payments should be made in Euros (€) by international bank transfer. Foreign cheques cannot be accepted.

**6. RIGHT TO THE IMAGE :**

THE APPLICANT DOES NOT ALLOW MISSION-LANGUES, TO POST AND DISTRIBUTE, FREE OF CHARGE, PHOTOS TAKEN WITH HIM/HERSELF IN ORDER TO BE EXPLOITED, IN WHOLE OR IN PART, TO ANY MATERIAL, FOR THE ENTIRE WORLD IN THE CONTEXT OF A COMMERCIAL, ADVERTISING OR CULTURAL USE.

The applicant and the referee agree to the conditions stated.

Signature of the referee ..... Done at ....., (dd/mm/yyyy) ...../...../20.....



6 rue Ambroise Paré - 49100 ANGERS  
FRANCE - contact@missionlangues.fr

To be completed only if the applicant needs an invitation letter to apply for a visa to stay in France.

Please also attach a **copy of the identity page** of the applicant's passport.

**1. PERSONAL DETAILS OF THE APPLICANT:**

FAMILY NAME: ..... FIRST NAME: .....

DATE AND PLACE OF BIRTH (dd/mm/yyyy): ..... NATIONALITY: .....

PASSPORT N°: ..... ISSUED ON (dd/mm/yyyy): ...../...../20..... AT .....

EXPIRY DATE (dd/mm/yyyy): ...../...../20.....

PRIEST  RELIGIOUS  LAY PERSON  SEMINARIST  POSTULANT

**FOR RELIGIOUS INSTITUTES:**

DATE OF FIRST PROFESSION: (dd/mm/yyyy) ...../...../.....

DATE OF PERPETUAL PROFESSION: (dd/mm/yyyy) ...../...../.....

NOVICE

POSTULANT

DATE OF ORDINATION: (dd/mm/yyyy) ...../...../.....

DATE OF INCARDINATION: (dd/mm/yyyy) ...../...../.....

BISHOP

PRIEST

SEMINARIAN

OTHER (SPECIFY): .....

**FOR DIOCESES:**

**2. MEDICAL INSURANCE – COMPULSORY:**

NAME OF THE INSURANCE COMPANY THAT WILL COVER THE APPLICANT DURING THE FIRST THREE MONTHS IN FRANCE:

I.M.S. (INTERNATIONAL MISSIONARY BENEFIT SOCIETY)

CAVIMAC («CAISSE DES CULTES»)

OTHER (SPECIFY) : .....

PERIOD COVERED FROM: (dd/mm/yyyy) ...../...../.....

TO: (dd/mm/yyyy) ...../...../.....

**3. ARRIVAL DATE IN FRANCE:** (dd/mm/yyyy) ...../...../.....

**4. PERSONAL DETAILS OF THE REFEREE FOR THE APPLICANT:**

FAMILY NAME: ..... FIRST NAME: .....

RELIGIOUS NAME: .....

RELIGIOUS INSTITUTE / DIOCESE: .....

POSITION HELD IN THE INSTITUTION: .....

ADDRESS: .....

TOWN/CITY: ..... POSTCODE: ..... COUNTRY: .....

PHONE: ..... E-MAIL: .....

The referee for the applicant's formation certifies that the above information is correct.

Done at ....., Date (dd/mm/yyyy) ...../...../20.....

Stamp or seal of the Institution

Signature of the referee