



Application form - Swedish for immigrants

First namn	Surname	National registration number <input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality/home country	Native language	
Address	Area code and municipality	
Phone number	Name and phone number next of kin/relative _____	
E-mail	_____	
Earlier studies of Swedish for immigrants <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____ If yes, which SFI course have you studied? Attach certificate of previous studies <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D Grades: _____	Work profession _____ Number of school years in the home country <input type="checkbox"/> 0-6 year <input type="checkbox"/> 7-12 year <input type="checkbox"/> 13 + year What language(s) do you speak? _____	
Work goals what do you want to work with? _____ _____		
#f you have studied SFI before, let us know what you have done since then to improve your Swedish. _____ _____		
Arrived in Sweden _____ Permanent residence permit <input type="checkbox"/> Yes If yes, what date _____		
Date _____ Signature _____	This square is to be filled out by staff at SFI	

Fill in the application at
Navigatorcenter
Uroxen, Kungsgatan 30
0550-884 00

Postal adress
SFI
37. Vuxenutbildningen
681 84 Kristinehamn

Telephone
0550-874 66 Administrator
0550-874 08 Student counselor