|  |  |  |  |
| --- | --- | --- | --- |
| Curso al que se inscribe: |  | Fecha: |  |

Día de cursada: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Horario: \_\_\_\_\_\_\_\_\_\_\_

**DATOS PERSONALES**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Apellido |  | | | | | | | | | | | | | | |
| Nombre |  | | | | | | | | | | | | | | |
| DNI: |  | | | | | | | | | | | | | | |
| Dirección: |  | | | | | | Nº: | |  | | piso: | |  | Dto.: |  |
| Localidad: |  | | CP: |  | | | | Provincia: | | | |  | | | |
| Teléfono: |  | | | | Celular: | | | |  | | |  | | | |
| E-Mail: |  | | | | | | | | | | | | | | |
| Fecha de nac.: | |  | | | | Nacionalidad: | | | |  | | | | | |
| Ocupación: | |  | | | | | | | | | | | | | |

**INFORMACIÓN ACADÉMICA**

Marque con una cruz donde corresponda

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Completo** | **Incompleto** | **En curso** | **Título** |
| **Primario** |  |  |  |  |
| **Secundario** |  |  |  |  |
| **Terciario** |  |  |  |  |
| **Universitario** |  |  |  |  |

**Otros estudios:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Idioma inglés:*** | | | | | | | | | | | | | | | | |
| desconoce | |  | técnico | |  | | básico | |  | medio | |  | | alto | |  |
| ***Informática:*** | | | | | | | | | | | | | | | | |
| desconoce | |  | | básico |  | | | medio | | |  | | alto | |  | |
| ***Conocimiento musical:*** | | | | | | | | | | | | | | | | |
| desconoce | |  | | básico | |  | | medio | | |  | | alto | |  | |
| ***Toca algún instrumento:*** | | | | | | | | | | | | | | | | |
| Sí |  | | No | |  | | ¿Cuál? | | |  | | | | | | |
| ***Conocimientos de sonido:*** | | | | | | | | | | | | | | | | |
| desconoce | |  | | básico | |  | | medio | | |  | | alto | |  | |

***¿Estudió anteriormente en otra escuela/instituto de sonido?***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sí |  | No |  | ¿Cuál? |  |

***¿Finalizó sus estudios allí?***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sí |  | No |  | ¿Por qué? |  |

**Otros estudios realizados:**

|  |  |  |  |
| --- | --- | --- | --- |
| Título: |  | | |
| Año: |  | Institución: |  |
|  |  |  |  |
| Título: |  | | |
| Año: |  | Institución: |  |
|  |  |  |  |

**Indique qué formatos y temas son de su interés:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Carreras integrales |  | Sonido en vivo |
|  | Cursos & talleres |  | Grabación |
|  | Cursos a distancia |  | Mezcla |
|  |  |  | Acústica |
|  |  |  | Mastering |
|  |  |  | Producción |
|  |  |  | Música |

**¿Cómo conoció la Escuela de Sonido ECOS?:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INFORMACIÓN MÉDICA**

Completar solamente en caso de realizar un curso en modalidad presencial.

|  |  |  |  |
| --- | --- | --- | --- |
| Alergia a algún alimento o medicamento: | | |  |
| Medicamento que tome con regularidad: | |  | |
| Alguna enfermedad de relevancia: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Obra Social: |  | Teléfono: |  |

En caso de emergencia llamar a:

|  |  |  |  |
| --- | --- | --- | --- |
| Nombre: |  | | |
| Relación: |  | Teléfono: |  |

|  |
| --- |
| Observaciones: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |