

**ERASMUS TRAINEESHIP**

**APPLICATION FORM**

Please attach a recent passport photograph



Please answer all sections of the application form in block capital.

Application mustbe made through the International Exchange Co-ordinator in the home institution

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| **STUDENT PERSONAL DETAILS** |
| Name(s) |  |
| Surname |  |
| Date of birth, age |  |
| Sex | ¨ Male ¨ Female  |
| Home address(including postcode, town, country) |  |
| Term-Time address(if different) |  |
| Home telephone |  |
| Mobile |  |
| E-mail address |  |

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| **HOME /SENDING INSTITUTION** |
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| Erasmus Coordinator |  |
| Telephone(s) |  |
| Fax |  |
| E-mail address |  |
| Mailing address |  |

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| **EDUCATION & QUALIFICATIONS** |
| Study programme |  |
| Principal study (e.g. instrument) |  |
| Final academic qualification |  |
| Final professional qualification |  |
| Year of final qualification |  |

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| **PLACEMENT APPLICATION** |
| Desired placement position(s) |  |
| Availability (start date) |  |
| Length of Placement (months) |  |
| Flexibility to stay longer | Yes ¨ (period in months\_\_\_\_\_) No ¨ |

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| **WORK EXPERIENCE** |
| From (date) | To (date) | Employer, position at the company/short job description |
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| **PERIODS SPENT ABROAD** |
| Year | Country | Purpose, length of period |
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| **LANGUAGE SKILLS** |
| 1) Language\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fluent ¨ Good ¨ Moderate ¨ Limited ¨ None ¨ 2) Language\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fluent ¨ Good ¨ Moderate ¨ Limited ¨ None ¨ 3) Language\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fluent ¨ Good ¨ Moderate ¨ Limited ¨ None ¨ |
| Will you, if necessary, be studying the language of the host institution before the placement period?  | Yes ¨ No ¨ |

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| **COMPUTER SKILLS**  |
| Basic ¨  | Intermediate ¨  | Advanced ¨  |

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| **DRIVING LICENCE**  | **WILL YOU BRING A CAR WITH YOU?** |
| Yes ¨ No ¨ | Yes ¨ No ¨ |

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| **DESCRIBE YOUR BIGGEST ACHIEVEMENTS, CAREER AMBITIONS**  |
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| **WHAT DO YOU WANT TO GAIN FROM THE WORK EXPERIENCE PLACEMENT?** |
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| **EXTRA CURRICULAR ACTIVITIES, INTERESTS** **ADDITIONAL INFORMATION IN SUPPORT TO THE APPLICATION** |
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| **HEALTH DECLARATION** |
| Do you have a disability for which special arrangements may be needed to be considered for purposes of work? | Yes ¨ No ¨ |

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| **EMERGENCY CONTACT** |
| PERSON (relatives, family, close friend) TO BE NOTIFIED IN CASE OF EMERGENCY:  |
| Name, surname |  |
| Home address |  |
| Telephone(s) |  |

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| **REFERENCES** |
| Please supply information of two references, who could be contacted if the further references are required |
| ACADEMIC REFERENCE |
| Name, surname |  |
| Department/programme |  |
| Telephone |  |
| E-mail |  |
| WORK REFERENCE |
| Name, surname |  |
| Company, position |  |
| Telephone |  |
| E-mail |  |

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| **I CERTIFY THAT THE INFORMATION GIVEN IS C0RRECT** |
| Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name, surname, signature)  |