



ERASMUS + traineeship APPLICATION FORM

Please attach a
recent passport
photograph

Please answer all sections of the application form in block capital.
Application must be made through the International Exchange Co-ordinator
in the home institution

STUDENT PERSONAL DETAILS	
Name(s)	
Surname	
Date of birth, age	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home address (including postcode, town, country)	
Term-Time address (if different)	
Home telephone	
Mobile	
E-mail address	

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

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

traineeship APPLICATION	
Desired placement position(s)	
Availability (start date)	
Length of Placement (months)	
Flexibility to stay longer	Yes <input type="checkbox"/> (period in months _____) No <input type="checkbox"/>

WORK EXPERIENCE		
From (date)	To (date)	Employer, position at the company/short job description

PERIODS SPENT ABROAD		
Year	Country	Purpose, length of period

LANGUAGE SKILLS	
1) Language_____	Fluent <input type="checkbox"/> Good <input type="checkbox"/> Moderate <input type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/>
2) Language_____	Fluent <input type="checkbox"/> Good <input type="checkbox"/> Moderate <input type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/>
3) Language_____	Fluent <input type="checkbox"/> Good <input type="checkbox"/> Moderate <input type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/>
Will you, if necessary, be studying the language of the host institution before the placement period?	Yes <input type="checkbox"/> No <input type="checkbox"/>

COMPUTER SKILLS		
Basic <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Advanced <input type="checkbox"/>

DRIVING LICENCE	WILL YOU BRING A CAR WITH YOU?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

DESCRIBE YOUR BIGGEST ACHIEVEMENTS, CAREER AMBITIONS

WHAT DO YOU WANT TO GAIN FROM THE WORK EXPERIENCE PLACEMENT?

**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 <input type="checkbox"/>	No <input type="checkbox"/>
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EMERGENCY CONTACT

PERSON (relatives, family, close friend) TO BE NOTIFIED IN CASE OF EMERGENCY:

Name, surname	
Home address	
Telephone(s)	

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	

I CERTIFY THAT THE INFORMATION GIVEN IS CORRECT

Student: _____ Date: _____

(name, surname, signature)