



## 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	
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**PLACEMENT 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"/>
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<b>DRIVING LICENCE</b>	<b>WILL YOU BRING A CAR WITH YOU?</b>
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Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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**DESCRIBE YOUR BIGGEST ACHIEVEMENTS, CAREER AMBITIONS**

**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 <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)