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|  | STUDENT MOBILITy – TRAINEESHIP |  |

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| photo |
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## FINANCIAL SUPPORT APPLICATION

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Before completing the application, please read relevant sections of the current wording of Information for Financial Support Applicants. Assessment of applications and allocation of financial support shall take place in accordance with the procedures, rules and conditions contained therein.

## APPLICANT

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| --- | --- | --- | --- |
| **Personal details** | | | |
| Family name: | | First name, title: | |
| Date of birth: dd/mm/yyyy | | Place of birth: | |
| Citizenship: | | Gender: male female | |
| Home address | | Correspondence address[[1]](#footnote-1) | |
| Street, No.: | | Street, No.: | |
| Postal code: | City: | Postal code: | City: |
| Country: | | Country: | |
| Telephone (incl. country and area code): + | | Telephone (incl. country and area code): + | |
| E-mail:      @ | | | |

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| **Current studies** | |
| Department/faculty: | Personal No.: |
| Field of study: |  |
| Year: | Current level of study:  bachelor  master  postgraduate master  doctoral |
| Number of academic years completed prior to traineeship: | Degree pursued: |
| Expected graduation date: dd/mm/yyyy |  |

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| --- | --- | --- |
| **Previous traineeship mobility** | | |
| Funding scheme | Country | from–to |
|  |  | dd/mm/yyyy–dd/mm/yyyy  dd/mm/yyyy–dd/mm/yyyy  dd/mm/yyyy–dd/mm/yyyy |

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| --- | --- | --- | --- | --- | --- | --- |
| **Language skills** | | | | | | |
| Mother tongue: |  | | | | | |
| Other languages: | Level**[[2]](#footnote-2)** | | | | | |
|  | A1 | A2 | B1 | B2 | C1 | C2 |
|  | A1 | A2 | B1 | B2 | C1 | C2 |
|  | A1 | A2 | B1 | B2 | C1 | C2 |

1. **TRAINEESHIP**

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| --- | --- | --- |
| **Traineeship details** | | |
| Full legal name of the receiving organisation/enterprise in the national language: | Country: | |
| Start date[[3]](#footnote-3): dd/mm/yyyy | End date[[4]](#footnote-4): dd/mm/yyyy | Duration[[5]](#footnote-5): 0,0 months |

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| **Motivation[[6]](#footnote-6)** |
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1. **ANNEXES**

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| Letter of Admission  Recommendation Letter  Language Proficiency Confirmation |

I certify that the information given in this application and annexes is true and complete.

Place:       Date:

Signature of applicant

1. Complete this section ONLY if different from home address. [↑](#footnote-ref-1)
2. Common European Framework of Reference (CEFR) levels of language proficiency: A1 – Beginner, A2 – Elementary, B1 – Intermediate, B2 – Upper intermediate, C1 – Advanced, C2 – Proficiency. [↑](#footnote-ref-2)
3. The start date of the traineeship shall be the first day you need to be present at the receiving institution/enterprise. [↑](#footnote-ref-3)
4. The end date of the traineeship shall be the last day you need to be present at the receiving organisation/enterprise. [↑](#footnote-ref-4)
5. The traineeship shall last for a minimum of 6 weeks and a maximum of 5 months. [↑](#footnote-ref-5)
6. Please state the reasons why you have decided to apply for the traineeship. Why have you chosen this particular traineeship position? Describe the objectives you have set in relation to this traineeship and expected results through which you want to achieve these objectives. What is the expected impact of the traineeship on your career? [↑](#footnote-ref-6)