# Traineeship Period

**September 2020 – July 2020**

# Select an area

Choose an item.

# Personal Data

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname** |  | | |
| **Forename** |  | | |
| **Gender** | Male  Female | | |
| **Current Nationality** | Choose an item. |  | Specify |
| **Date of Birth** | Click here to enter a date. | | |

# Contact details

Please notify us of any change of address.

|  |  |  |
| --- | --- | --- |
| **Street/n°** |  | |
| **Postcode** |  | |
| **Town** |  | |
| **Country** | Choose an item. | Specify |
| **Telephone** |  | |
| **Email address** |  | |

# Education (University, post-university or equivalent education)

Please, give exact dates:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and location of university** | **From/to (months and years)** | **Diplomas or degrees obtained** | **Main subjects** |
|  |  |  |  |
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# Professional Experience (Outside EU Institutions and Bodies)

Please add rows if necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of employer** | **From** | **To** | **Type of work** |
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# Professional Experience (Inside EU Institutions and Bodies)

Please add rows if necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of employer** | **From** | **To** | **Type of work** |
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# Studies or Published Works on European Topics

Please indicate the subject:

# Languages

|  |  |
| --- | --- |
| **Mother Tongue :** |  |

Please, indicate your level of knowledge using the boxes below:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Languages** | **C2** | **C1** | **B2** | **B1** | **A2** | **A1** |
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# Computer Skills and Competences

# Previous In-Service Training in EU Institutions

Have you already benefitted from an in-service training in another European Institution or body?

YES  NO

# Disabilities

Have you a physical disability which may require special arrangements to be made if you are recruited?

YES  NO

If yes, please give details on the nature of the special arrangement you believe would be necessary.

# Declaration

I declare that the information provided above is true and complete. I realise that any false statement or omission, even if unintentional on my part, may lead to the rejection of my application.

**By writing my name in “signature” below, I acknowledge that I have carefully read the “Rules governing traineeship period at ERA” and I acknowledge receipt and full acceptance of all of them.**

Date:       Signature:

# Checklist

Checklist of supporting documents to accompany the application:

|  |  |
| --- | --- |
| **Document** |  |
| **Copy of passport or National I.D.** |  |
| **University Degree (if applicable)** |  |
| **Official declaration or transcript from the University (if applicable)** |  |
| **Motivation letter** |  |

**Personal Data Protection**: The Personal Data requested above are confidential and will be processed solely for the purposes of the traineeship scheme and the selection of trainees, according to the Regulation (EC) n° 45/2001.

You are strongly encouraged to read the relevant “Privacy Statement” found on this website before filling up this Application Form.