**Erasmus+ Mobility Consortium for traineeships “Talent at work” 2017/2018**

APPLICATION FORM

I, the undersigned\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

born in *(city, country)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

permanent address *(city, province, country)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ nr. \_\_\_\_\_ cap/zip \_\_\_\_\_\_\_\_\_\_\_

tax code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**hereby ask**

to be allowed to participate in the selection funded by the Erasmus+ programme Mobility Consortium “Talent at work” 2017/2018, for Student Mobility for Traineeships grants to cover a period abroad into European companies, research centers and universities, into UE State members, Iceland, Liechtenstein, Norway, Former Yugoslav Republic of Macedonia and Turkey with the exception of European Institutions, Italian diplomatic representations (embassies, consulates, etc.) and Institutions that manage European programs

from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (***dd.mm.yyyy)*** to \_\_\_\_\_\_\_\_\_\_\_\_ (***dd.mm.yyyy)*** – corresponding to **\_\_\_** months (*minimum 2 months, maximum 12 months*) in the following:

|  |  |
| --- | --- |
| Hosting Institution/Organisation | |
| Name |  |
| City |  |
| Country |  |
| Scientific contact person  (title and name) |  |
| Fax number and email address of Scientific contact person |  |
| Acceptance from the hosting Institution |  Yes (please enclose proof of the acceptance)  NO (not yet) |

**To this purpose I declare that**

1. I am regularly enrolled in:
2. Corso ordinario in \_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. PhD Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Please specify: with/without scholarship and with/without grant for mobility experiences (either from PhD funds or research ones)
4. Master universitario in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. I am not the recipient of a EU grant for another program
6. I already had Erasmus grants for Traineeship during my current course of studies for \_\_\_\_\_\_\_\_\_\_\_\_ days (specify 0 if it is the first time that you apply for Erasmus grants)
7. I have a knowledge of the language of the host country (or I have a knowledge of the English language, if it is recognized as a working language) at a minimum level of B2.

I, the undersigned,

**- certify** that the statements and information in this application form are true and correct to the best of my knowledge and belief, and that I am aware of the legal responsibilities that arise from art 76 D.P.R.28.12.2000, n.445 of the Italian Law in the event of false declarations;

**- authorize** the treatment of the personal data here included, in accordance with the D.Lgs. 196/2003, for any purpose related to this selection.

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_