

## **Work Placement Application Form**

PERSONAL DETAILS		
Family name	First name	
Nationality Place of birth Passport No		
Address in home country		
Tel Email (Fax if no email)		
STUDIES		
University / Educational Inst.		
Specialisation (s)		
Start date//	End date (if applicable)//	
Degree / Diploma		
CURRENT or PREVIOUS OCCUP	ATION	
Company's name & description		
Position		
Duties		
Start date//	End date (if applicable)//	
WORK PLACEMENT		T.
Placement preference		
Date of start of work experience		
Length of programme preferred in weeks (max. 24 weeks)		
ACCOMMODATION FOR THE PERIOD OF THE WORK EXPERIENCE		
Type of accommodation required (host family stay is not possible during the Work Experience Programme)		
Shared flat □ Private apartment □ Hotel □ Arranged by yourself □		
Requirements/comments		
Accommodation required from// until//		
Please note that this application form is binding (subject to the terms of cancellation). With your signature you agree to the general terms and conditions of participation in the Work Experience Programme. All data will be treated confidentially. However, some will be forwarded to the host organisation authorities.		
Date Signature		







