



STUDENT CANDIDATE APPLICATION FORM

Erasmus+ internship proposal a.y. 2024/2025

ATTENTION: please fill in the document in full, sign it and attach it to the online application in pdf

STUDENT DATA

LAST NAME	
FIRST NAME	
STUDENT'S MATRICULATION NUMBER	
TYPE OF STUDY COURSE	<input type="checkbox"/> Bachelor's degree (three-year degree) <input type="checkbox"/> Master's degree <input type="checkbox"/> Single-cycle master's degree
COURSE OF STUDY IN (Indicate the degree course in which you are enrolled)	
UNIUD SCUOLA SUPERIORE STUDENT (SUPE)	<input type="checkbox"/> Yes <input type="checkbox"/> No
PREVIOUS ERASMUS MOBILITY FOR STUDIES OR TRAINEESHIP IN THE STUDY CYCLE IN WHICH I AM ENROLLED	<input type="checkbox"/> Yes If yes, for a total of.....months (indicate number of months) In the a.y. (indicate the Academic Year of the past mobility activity) <input type="checkbox"/> No
I DECLARE THAT I FALL INTO ONE OF THE FOLLOWING CASES (indicate one of the items listed)	<input type="checkbox"/> participant with ISEE 2024 equal to or less than € 27.726,79; <input type="checkbox"/> participant with certified physical, mental or health problems, holding a valid disability certificate pursuant to Law 104/92; <input type="checkbox"/> participant orphaned by at least one parent before the age of majority (18 years); <input type="checkbox"/> participant with minor children; <input type="checkbox"/> son/daughter of victims of terrorism and organized crime.
I DECLARE THAT DURING THE SAME PERIOD IN WHICH I BENEFIT FROM ERASMUS+ TRAINEESHIP FUNDING I DO NOT BENEFIT FROM ANY OTHER EU FUNDING	



HOST ENTITY

HOST NAME	
CITY AND COUNTRY	
TRAINEESHIP PERIOD	no. months(indicate how many months from a minimum of 2 to a maximum of 6)
	preferably from to (indicate the months)

TRAINEESHIP

<p><input type="checkbox"/> CURRICULAR TRAINEESHIP ENVISAGED IN THE STUDY PLAN</p> <p><input type="checkbox"/> TRAINEESHIP RECOGNISED BY FREE-CHOICE STUDENT CREDITS</p> <p><input type="checkbox"/> TRAINEESHIP RECOGNISED AS A RESEARCH ACTIVITY FOR THE DISSERTATION OR FINAL EXAMINATION.</p> <ul style="list-style-type: none"> ▪ INDICATE THE NAME OF THE SUPERVISOR..... ▪ PLEASE INDICATE THE TOPIC OF YOUR DISSERTATION:.....
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LINGUISTIC KNOWLEDGE

<p><input type="checkbox"/> I DECLARE THAT I HAVE THE FOLLOWING LEVEL IN ENGLISH:</p> <ul style="list-style-type: none"> <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1 <input type="checkbox"/> C2
<p><input type="checkbox"/> I DECLARE THAT I HAVE THE FOLLOWING LANGUAGE LEVEL FOR THE LANGUAGE OF THE COUNTRY IN WHICH I WILL CARRY OUT THE TRAINEESHIP (IF DIFFERENT FROM ENGLISH). Please indicate the language level with the known language next to it.</p> <ul style="list-style-type: none"> <input type="checkbox"/> A1 - language..... <input type="checkbox"/> A2 - language..... <input type="checkbox"/> B1 - language.....- <input type="checkbox"/> B2 - language..... <input type="checkbox"/> C1 - language..... <input type="checkbox"/> C2 - language.....



AGENZIA
NAZIONALE
INDIRE



INDIRE ISTITUTO
NAZIONALE
DOCUMENTAZIONE
INNOVAZIONE
RICERCA EDUCATIVA

Pursuant to EU Reg. 2016/679 (European Regulation for personal data protection) the undersigned declares that his/her personal data is correct and authorises the Mobility and International Relations Office to disseminate them to the partners of the Erasmus+ Traineeship Programme and for the uses permitted by law.

Date

Student's signature