



Work Placement Application Form

PERSONAL DETAILS	
Family name _____ First name _____ Date of birth ___/___/___ Sex _____	
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 OCCUPATION	
Company's name & description	
Position	
Duties	
Start date ___/___/___	End date (if applicable) ___/___/___
WORK PLACEMENT	
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 <input type="checkbox"/> Private apartment <input type="checkbox"/> Hotel <input type="checkbox"/> Arranged by yourself <input type="checkbox"/>	
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 _____	