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Please do not write in this space

Interne Organisation - Internal Organisation - Organisation interne

Personalabteilung - Human Resources Unit - Unité des Ressources humaines

**APPLICATION FORM – TRAINEESHIPS**

**(Must be completed electronically in English)**

1. SURNAME

OTHER NAME(S)[[1]](#footnote-1)

FORENAME(S)

1. Correspondence address[[2]](#footnote-2) :

Street:

No:

Post code: Town: Country:

E-mail address:

Telephone numbers:

1. Date of birth: Place and country of birth:
2. Gender: Male  Female
3. Marital status: Married  Single  Other
4. Do you have a disability ? Yes  No

If yes, please precise so we can foresee the necessary arrangements:

1. Nationality(ies):

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| AT | BE | BG | CY | CZ | DE | DK | EE | EL | ES | FI | FR | HR | HU | IE |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| IT | LT | LV | LU | MT | NL | PL | PT | RO | SE | SI | SK | UK | OTHER | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  | |

1. Membership of a political Party:

Yes  No

Party:

Date of membership:

1. Please select the period:

|  |  |  |
| --- | --- | --- |
|  | **Traineeship period** | **Deadline for application** |
|  | February – June | 15 December (midnight) |
|  | September – January | 15 June (midnight) |

1. Knowledge of languages:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Mother tongue |  | | | | | |
| Other languages\* | A1 | A2 | B1 | B2 | C1 | C2 |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

\* Please indicate your level - refer to the Common European Framework of Reference for Languages

(<http://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr>)

1. Is this traineeship a compulsory part of your course or study?

No  Yes

1. Have you already been awarded a paid traineeship or been in paid employment for more than four consecutive weeks with a European Institution or a member or political group of the European Parliament? If yes, please specify:

No  Yes  ………………………………………………………………..

1. Please state how you learned about the current notice of recruitment:

EPP website  Other

1. STUDIES (please attach photocopies of diplomas and certificates you need to qualify as a candidate):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **A** | **Primary, secondary, advanced secondary or technical education** | | | | | |
| Name and address of establishment | | Years of study | | Official length of course | Certificates and/or diplomas obtained and main subjects | |
| from | to |
| (Town and country) | | (dd/mm/yy) | (dd/mm/yy) |
|  | |  |  |  |  | |
| **B** | **Higher education** | | | | | |
| Name and address of establishment | | Years of study | | Official length of course | | Certificates and/or diplomas obtained and main subjects |
| from | to |
| (Town and country) | | (dd/mm/yy) | (dd/mm/yy) |
|  | |  |  |  | |  |
| **C** | **Post-graduate education** | | | | | |
| Name and address of establishment | | Years of study | | Official length of course | | Certificates and/or diplomas obtained and main subjects |
| from | to |
| (Town and country) | | (dd/mm/yy) | (dd/mm/yy) |
|  | |  |  |  | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **D** | **Other training and courses attended** | | | | |
| Name and address of establishment | | Years of study | | Official length of course | Certificates and/or diplomas obtained and main subjects |
| from | to |
| (Town and country) | | (dd/mm/yy) | (dd/mm/yy) |
|  | |  |  |  |  |

1. PROFESSIONAL EXPERIENCE (if any)

Please give details of the post(s) you have held hitherto and professional experience acquired and attach photocopies of supporting documents.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Present or most recent** | | | | | | | | | | | | | | |
| From |  |  | To |  |  | Total length |  |  |  | Full-time |  | | Paid |  |
| (dd/mm/yy) |  |  | (dd/mm/yy) |  |  | (dd/mm/yy) |  |  |  | Part-time |  | | Unpaid |  |
| Exact job title: | | | | | | | | | | | | | | |
| Nature of work: | | | | | | | | | | | | | | |
| Name and address of employer: | | | | | | | | | | | | | | |
| **Previous post** | | | | | | | | | | | | | | |
| From |  |  | To |  |  | Total length |  |  |  | Full-time |  | | Paid |  |
| (dd/mm/yy) |  |  | (dd/mm/yy) |  |  | (dd/mm/yy) |  |  |  | Part-time |  | | Unpaid |  |
| Exact job title: | | | | | | | | | | | | | | |
| Nature of work: | | | | | | | | | | | | | | |
| Name and address of employer: | | | | | | | | | | | | | | |
| **Earlier posts** | | | | | | | | | | | | | | |
| From |  |  | To |  |  | Total length |  |  |  | Full-time |  | Paid | |  |
| (dd/mm/yy) |  |  | (dd/mm/yy) |  |  | (dd/mm/yy) |  |  |  | Part-time |  | Unpaid | |  |
| Exact job title: | | | | | | | | | | | | | | |
| Nature of work: | | | | | | | | | | | | | | |
| Name and address of employer: | | | | | | | | | | | | | | |

**Continue on additional sheets if necessary**

1. Published works (if any)
2. Long periods spent abroad (please indicate country, year and reasons for stay):
3. Name, address and telephone number of persons who can be contacted should you not be available (e.g. parents):
4. Have you ever been found guilty of any offence by a court or tribunal: if so, give details:

*The EPP Group will process your personal data in accordance with the Regulation (EC) N°45/2001 of the European Parliament and of the Council of 18 December 2000 on the protection of individuals with regard to the processing of personal data by the Community institutions and bodies and on the free movement of such data.*

|  |  |  |  |
| --- | --- | --- | --- |
| **DECLARATION:**  I, the undersigned, do solemnly declare that the information contained in this form is correct and complete. | | | |
| Date: | .………………………….… |
| Signature: | ….………………….……… **DO NOT FORGET TO SIGN!** |

1. Any other name (e.g. maiden name) appearing on diplomas or certificates accompanying this application. [↑](#footnote-ref-1)
2. All correspondence will be sent to this address. Please notify us immediately of any change of address. [↑](#footnote-ref-2)