ACER Traineeship Programme
ACER/TRAINEE/2019/OC

APPLICATION FORM

[Please fill all the fields in ENGLISH]

1. APPLICANT'S PERSONAL DATA

SURNAME		FORENAME(S)	
MAIDEN NAME			
PRESENT NATIONALITY			
GENDER	☐ Male ☐ Female		

DATE OF BIRTH			
PLACE OF BIRTH		COUNTRY OF BIRTH	

2. PERMANENT ADDRESS AND CONTACT DETAILS

STREET/N°			
POSTCODE/ZIP			
TOWN/PROVINCE		COUNTRY	

TELEPHONE		MOBILE PHONE	
EMAIL ADDRESS			

3. Please clearly indicate below <u>the Team/Profile</u> of your choice.

(Please indicate max. 2 teams, stating the preference. Please consult the Traineeship call for conditions of the traineeship).

1. CHOICE	
2. CHOICE	

	Team/Profile
1.	**Press and Communications**
2.	**Human Resources**
3.	**IT**
4.	**Policies**
5.	**Market Analysis**
6.	**Data Analysis**

4. EDUCATION AND TRAINING *(add fields as necessary).*

Please enclose a copy of your university diploma when sending in your application.

DATES	From:		To:	
TITLE OF QUALIFICATION AWARDED				
NAME AND TYPE OF ORGANISATION				
LEVEL OF DEGREE				
LOCATION				
PRINCIPAL SUBJECTS AND ORGANISATIONAL SKILLS COVERED				

DATES	From:		To:	
TITLE OF QUALIFICATION AWARDED				
NAME AND TYPE OF ORGANISATION				
LEVEL OF DEGREE				
LOCATION				
PRINCIPAL SUBJECTS AND ORGANISATIONAL SKILLS COVERED				

5. PROFESSIONAL EXPERIENCE

a) Have you already worked for a European Institution or Body?

☐ Yes ☐ No

b) Please list all your professional and traineeship experiences. (*add fields as necessary)*

DATES	From:		To:		
NAME OF EMPLOYER					
TYPE OF EMPLOYMENT	☐ Paid trainee	☐ Unpaid trainee	☐ Voluntary work		
	☐ Permanent employee	☐ Temporary employee	☐ Self-employed		
	☐ Other:				
DESCRIPTION (MAX 100 WORDS)					

DATES	From:		To:		
NAME OF EMPLOYER					
TYPE OF EMPLOYMENT	☐ Paid trainee	☐ Unpaid trainee	☐ Voluntary work		
	☐ Permanent employee	☐ Temporary employee	☐ Self-employed		
	☐ Other:				
DESCRIPTION (MAX 100 WORDS)					

6. SKILLS AND COMPETENCES

COMPUTER SKILLS	
TECHNICAL SKILLS AND COMPETENCES	
COMMUNICATION AND ORGANISATIONAL SKILLS	
OTHER RELEVANT SKILLS	

7. KNOWLEDGE OF LANGUAGES

Please use the following self-assessment scale (*) to indicate your level of knowledge:

Language	Mother tongue(s)	C2	C1	B2	B1	A2	A1

(*) Common European Framework of Reference (CEF) level

8. ADDITIONAL PERSONAL INFORMATION

Do you have a physical disability that may require special arrangements to be made if you are chosen?

☐ Yes ☐ No

If **YES**, please give details and indicate the nature of the special arrangements you believe would be necessary (1 page maximum):

_____

_____

9. MOTIVATION LETTER (Max 250 words)

Please justify your application and interest in the Traineeship Programme and provide any additional relevant information

Declaration

☐ I certify that the statements made by me in answer to the above questions are true, complete, and correct to the best of my knowledge and belief. I understand that any false statements or any required information withheld from this form may provide grounds for my exclusion from the Traineeship Programme or cancellation of my training if my application has been accepted.

☐ I enclose a copy of the university diploma

Date: _____ **Signature:** _____