



ERASMUS TRAINEESHIP (PLACEMENT)

 APPLICATION FORM 2016-2017

**STUDENT’S ACADEMIC DETAILS:**

Student Name: ………………………………………………………………….

Student ID No: ………………………….

Department: ………………………………………………………………….

Name of Course at CIT: ………………………………………………………………….

Current Year of Study at CIT (2nd / 3rd , etc.): ………………………

State briefly the reasons why you wish to study abroad:

…………………………………………………………………………………………..

…………………………………………………………………………………………..

…………………………………………………………………………………………..

**STUDENT’S PERSONAL DATA:**

Family Name: …………………………. First Name(s):…………………………...

Date of Birth: …………………………. Nationality:……………………………...

Term Address:…………………………… Permanent/Home Address (if different):

………………………………………………… ..…………………………………………..

………………………………… ……………………………………………..

Mobile No:………………………………… Home Tel. No:………………………….

Email address: ……………………………

Disability/Special Needs (Physical/other disability or medical condition requiring special arrangements or facilities):

………………………………………………………………………………………………

………………………………………………………………………………………………

Name and contact details of person at home whom we can contact in case of emergency:

………………………………………………………………………………………………

………………………………………………………………………………………………

**DETAILS OF PROPOSED ERASMUS TRAINEESHIP**

Name of Host Organisation: ……………………………………………………………………………………….

Duration of Traineeship (must be a minimum of 2 months): …………………………………….

Proposed Start Date:…………………………………………….

**LEVEL OF COMPETENCE IN HOST COUNTRY LANGUAGE:**

Please indicate *(with a tick)* your level of competence in the language of the country in which you plan to do your traineeship:

No previous knowledge of the language

Basic knowledge

Leaving Cert level

Studying the language at CIT for …… years

**Student’s Signature**: …………………………………………………….. Date: ……………………..

**Approval of CIT Academic / Placement Coordinator:**

*(This form should only be signed following approval of the student’s Traineeship Agreement work programme*)

………………………………………………………………………………………. Date: ………………………