

ERASMUS PLACEMENT APPLICATION FORM

Please attach a
recent passport
photograph

Please answer all sections of the application form in block capital.
Application must be made through the International Exchange Co-ordinator
in the home institution

STUDENT PERSONAL DETAILS	
Name(s)	
Surname	
Date of birth, age	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home address (including postcode, town, country)	
Term-Time address (if different)	
Home telephone	
Mobile	
E-mail address	

HOME /SENDING INSTITUTION	
Erasmus Coordinator	Pierangelo Pelucchi
Telephone(s)	+39 030 2886711
Fax	
E-mail address	international@conservatorio.brescia.it
Mailing address	Piazza Benedetti Michelangeli 1, 25121 Brescia - Italy

EDUCATION & QUALIFICATIONS	
Study programme	
Principal study (e.g. instrument)	
Final academic qualification	
Final professional qualification	
Year of final qualification	

PLACEMENT APPLICATION	
Desired placement position(s)	
Availability (start date)	
Length of Placement (months)	

Flexibility to stay longer

Yes ☐ (period in months_____) No ☐**WORK EXPERIENCE**

From (date)	To (date)	Employer, position at the company/short job description

PERIODS SPENT ABROAD

Year	Country	Purpose, length of period

LANGUAGE SKILLS

- 1) Language_____ Fluent ☐ Good ☐ Moderate ☐ Limited ☐ None ☐
- 2) Language_____ Fluent ☐ Good ☐ Moderate ☐ Limited ☐ None ☐
- 3) Language_____ Fluent ☐ Good ☐ Moderate ☐ Limited ☐ None ☐

Will you, if necessary, be studying the language of the host institution before the placement period?

Yes ☐ No ☐

COMPUTER SKILLS

Basic ☐

Intermediate ☐

Advanced ☐

DRIVING LICENCE

Yes ☐ No ☐

WILL YOU BRING A CAR WITH YOU?

Yes ☐ No ☐

DESCRIBE YOUR BIGGEST ACHIEVEMENTS, CAREER AMBITIONS

--

WHAT DO YOU WANT TO GAIN FROM THE WORK EXPERIENCE PLACEMENT?

--

--

EXTRA CURRICULAR ACTIVITIES, INTERESTS ADDITIONAL INFORMATION IN SUPPORT TO THE APPLICATION
--

--

HEALTH DECLARATION

Do you have a disability for which special arrangements may be needed to be considered for purposes of work?
--

Yes <input type="checkbox"/>	No <input type="checkbox"/>
------------------------------	-----------------------------

EMERGENCY CONTACT

PERSON (relatives, family, close friend) TO BE NOTIFIED IN CASE OF EMERGENCY:	
---	--

Name, surname	
---------------	--

Home address	
--------------	--

Telephone(s)	
--------------	--

REFERENCES

Please supply information of two references, who could be contacted if the further references are required
--

ACADEMIC REFERENCE	
--------------------	--

Name, surname	
---------------	--

Department/programme	
----------------------	--

Telephone	
-----------	--

E-mail	
--------	--

WORK REFERENCE	
----------------	--

Name, surname	
---------------	--

Company, position	
-------------------	--

Telephone	
-----------	--

E-mail	
--------	--

I CERTIFY THAT THE INFORMATION GIVEN IS CORRECT
--

Student: _____	Date: _____
----------------	-------------

(name, surname, signature)
