



## 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 <input type="checkbox"/> Good <input type="checkbox"/> Moderate <input type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/>
2) Language_____	Fluent <input type="checkbox"/> Good <input type="checkbox"/> Moderate <input type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/>
3) Language_____	Fluent <input type="checkbox"/> Good <input type="checkbox"/> Moderate <input type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/>
Will you, if necessary, be studying the language of the host institution before the placement period?	Yes <input type="checkbox"/> No <input type="checkbox"/>

COMPUTER SKILLS		
Basic <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Advanced <input type="checkbox"/>

DRIVING LICENCE	WILL YOU BRING A CAR WITH YOU?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

DESCRIBE YOUR BIGGEST ACHIEVEMENTS, CAREER AMBITIONS

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

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

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**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"/>
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**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)