

## 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 2886700
Fax	
E-mail address	international@consbs.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)	

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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<b>EXTRA CURRICULAR ACTIVITIES, INTERESTS ADDITIONAL INFORMATION IN SUPPORT TO THE APPLICATION</b>
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<b>HEALTH DECLARATION</b>
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Do you have a disability for which special arrangements may be needed to be considered for purposes of work?
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Yes <input type="checkbox"/>	No <input type="checkbox"/>
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<b>EMERGENCY CONTACT</b>
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PERSON (relatives, family, close friend) TO BE NOTIFIED IN CASE OF EMERGENCY:	
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Name, surname	
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Home address	
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Telephone(s)	
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<b>REFERENCES</b>
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Please supply information of two references, who could be contacted if the further references are required
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ACADEMIC REFERENCE
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Name, surname	
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Department/programme	
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Telephone	
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E-mail	
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WORK REFERENCE
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Name, surname	
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Company, position	
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Telephone	
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E-mail	
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<b>I CERTIFY THAT THE INFORMATION GIVEN IS CORRECT</b>
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Student:_____Date:_____
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(name, surname, signature)
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