

**ERASMUS PLACEMENT APPLICATION FORM**

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

Please attach a recent passport photograph

**STUDENT PERSONAL DETAILS**

|  |
| --- |
|  Name(s)  |
|  Surname  |
|  Date of birth, age  |
| Sex | * Male
 | * 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 |

**PLACEMENT APPLICATION**

**EDUCATION & QUALIFICATIONS**

Study programme

Principal study (e.g. instrument)

Final academic qualification Final professional qualification

Year of final qualification

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 |



**DESCRIBE YOUR BIGGEST ACHIEVEMENTS, CAREER AMBITIONS**

|  |
| --- |
|  |
|  **PERIODS SPENT ABROAD**  |
| Year | Country | Purpose, length of period |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LANGU**1) Language Fluent  | **AGE SKIL**Good  | **LS**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 | Yes  | No  |
| institution before the placement period? |
|  |
|  **COMPUTER SKILLS**  |
| Basic  | Intermediate  |  | Advanced  |
|  |  |  |  |
|  | **DRIVING LICENCE** | **WILL YOU BRING A CAR WITH YOU?** |
| Yes  | No  | Yes  | No  |  |

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

**HEALTH DECLARATION**

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

Home address

Telephone(s)

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

|  |  |
| --- | --- |
| Do you have a disability for which special arrangements may be Yes  | No  |
| needed to be considered for purposes of work? |  |
|  |  |
| **EMERGENCY CONTACT** |  |

**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 C0RRECT**

Student: Date:

(name, surname, signature)