LEONARDO DA VINCI STUDENT PLACEMENT PROGRAMME

APPLICATION FORM

Please fill in by machine!

Personal Inform	ation										
Last name:		I	First name:								
Date of birth:		A	Age:								
Citizenship:			Gender (F or M) :								
Permanent addr	ess										
Street:		I	Postal code & city	:							
c/o, apt. no. :			Phone no.:								
Country:		I	Fax or e-mail:								
Term address											
Here I can be reached between and											
Street:		I	Postal code & city	:							
c/o, apt. no:		I	Phone no.:								
Country:		I	Fax or e-mail:								
Person to contac	t in an emergency										
Name:	•	I	Relation:								
Street:		(Country:								
Postal code:		I	Phone no.:								
City:		I	Fax or e-mail:	x or e-mail:							
Higher education	n-Name and place of Unive	rsities:	from – to	Certificates awarded:							
D	-14	7'1 - C1	C 4-	Name of Commence							
Previous practic	al training of relevance – K	lina of Work:	from – to	Name of Company:							
Previous stavs a	broad more than 1 months	from – to	Country								
Purpose of visit											
•											
Field of studies: Present Universi											
1 IN 4 TT * *	4	Faculty:		Total years required:							

						Completed years at the time of traineeship:				
Average results	•									
Computer skills	:									
Programme:			Good	l Fair	Weak	Type of training:				
Language skills	•									
Language	Native	Fluent	Good	Fair	Weak	T	ype of language to	raining:		
								_		
Desired practical	al training:	P	Preferred sectors of activity:							
First possible starting date (period):			Duration of training (3-12 months):							
Host country in	order of prefere	nce: A	Any other relevant information:							
I have posted th	e following docu	ments by ma	il:		Γ					
Letter of Introduction	□Curriculum Vitae	Registry of grades		University confirmation from	Ex-anto	ion	Letters of recommendati	Other:		
I agree and assure that the information given in this application is correct and can be circulated to companies.										
Date:	Place:		Signature:							