INTEREST FORM
Traineeship (Work Placement)

Name:_____Surname:_____

Student ID number:_____Nationality:_____

E-mail:_____Tel:_____

Programme of Studies:_____

Foreign Languages: _____/_____/_____

Preferred Countries_____ Position Desired_____
_____ _____
_____ _____

You are applying for:

1. Student Traineeship □
2. Graduate Traineeship □

Duration of Traineeship: (minimum 2 months – maximum 12 months) _____

Dates of the Traineeship: _____

Signature: _____

*Please note that this is **not** an Application Form.