**CONFIDENTIAL**

**APPLICATION FORM**

**traineeship**

**BRUSSELS LIAISON OFFICE**

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| --- |
| **REF: EIGE/2024/TR/O&E/01**  **Please indicate the reference number in the subject of your e-mail and in all future correspondence related to this application.** |

all the required fields shall be filled in english

do not attach any other supporting documents at this stage.

**PERSONAL DATA:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | |
| **Surname:** | | |  | | | **First name:** | |  | | |
|  | | | | | | | | | |
| **Gender[[1]](#footnote-1):** | | | **Woman:** | **Man:** | **Other:** | |  | |  | | |
|  | | | | | | | | | |
| **Nationality:** | | |  | | | **Date of birth:** | |  | | |
|  | | | | | | | | | |
| **Address:** | |  | | | | **Telephone number:** | |  | | |
|  | | | | | | | | | | |
| **E-mail:** |  | | | | | | | | | |

**Please indicate how you heard of the selection process:**

**PROFESSIONAL EXPERIENCE:**

**Start with your present or latest job. List in chronological order your employment starting with your most recent/current. Copy sections if necessary.**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Dates (DD/MM/YYYY)** | **FROM:** |  | **TO:** |  | | **TOTAL:** | **(years, month)** |
| **Name and address of employer** |  | | | | | | |
| **Workload** | **Full time ** | | | | **Part time  (………..% )** | | |
| **Type of business or sector**  *(For example: public administration, NGO, consulting etc.)* |  | | | | | | |
| **Job title** |  | | | | | | |
| **Main activities and responsibilities** |  | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Dates (DD/MM/YYYY)** | **FROM:** |  | **TO:** |  | | **TOTAL:** | **(years, month)** |
| **Name and address of employer** |  | | | | | | |
| **Workload** | **Full time ** | | | | **Part time  (………..% )** | | |
| **Type of business or sector**  *(For example: public administration, NGO, consulting etc.)* |  | | | | | | |
| **Job title** |  | | | | | | |
| **Main activities and responsibilities** |  | | | | | | |

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| **Dates (DD/MM/YYYY)** | **FROM:** |  | **TO:** |  | | **TOTAL:** | **(years, month)** |
| **Name and address of employer** |  | | | | | | |
| **Workload** | **Full time ** | | | | **Part time  (………..% )** | | |
| **Type of business or sector**  *(For example: public administration, NGO, consulting etc.)* |  | | | | | | |
| **Job title** |  | | | | | | |
| **Main activities and responsibilities** |  | | | | | | |

**ADDITIONAL INFORMATION RELATED TO PROFESSIONAL EXPERIENCE:**

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| **Summarise your academic background and how it relates to your interest to apply for this traineeship.** |
|  |
| **Indicate as applicable your preferred area to focus on as described in the traineeship announcement.** |
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**EDUCATION AND TRAINING:**

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| --- | --- | --- | --- | --- | --- | --- |
| **a. University education** | | | | | | |
| **Dates (mm/yy)** | **FROM:** |  | **TO:** |  | **TOTAL:** | **(years, month)** |
| **Name and type of institution providing education and training** |  | | | | | |
| **Principal subjects/occupational skills covered** |  | | | | | |
| **Diplomas or certificates obtained** |  | | | | | |
|  | | | | | | |
| **b. Post graduate education** | | | | | | |
| **Dates (mm/yy)** | **FROM:** |  | **TO:** |  | **TOTAL:** | **(years, month)** |
| **Name and type of institution providing education and training** |  | | | | | |
| **Principal subjects/occupational skills covered** |  | | | | | |
| **Diplomas or certificates obtained** |  | | | | | |
|  | | | | | | |
| **c. Other education/training** | | | | | | |
| **Dates (mm/yy)** | **FROM:** |  | **TO:** |  | **TOTAL:** | **(years, month)** |
| **Name and type of institution providing education and training** |  | | | | | |
| **Principal subjects/occupational skills covered** |  | | | | | |
| **Diplomas or certificates obtained** |  | | | | | |

**KNOWLEDGE OF LANGUAGES:**

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| --- | --- | --- | --- | --- | --- |
| **Language** | **Mother tongue** | **Excellent** | **Very Good** | **Good** | **Poor** |
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**SKILLS AND COMPETENCES:**

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| --- | --- |
| **IT skills** |  |
| **Organizational skills** |  |
| **Communication/interpersonal skills** |  |
| **Other relevant skills** |  |

**REFERENCES:**

**Please provide the name and contact details of three professional references (not relatives) who may be contacted.**

|  |  |  |
| --- | --- | --- |
| **1. Name** | **2. Name:** | **3. Name:** |
| **Address:** | **Address:** | **Address:** |
| **Phone:** | **Phone:** | **Phone:** |
| **e-mail:** | **e-mail:** | **e-mail:** |
| **Relationship:** | **Relationship:** | **Relationship:** |

**MOTIVATION LETTER:**

**Note: Explain why you are a suitable candidate for this traineeship:**

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**AVAILABILITY:**

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| **Please indicate your availability date or period of notice of current contract:** |  |

**REASONABLE ACCOMMODATION:**

**If you have a disability or if you find yourself in a particular situation which could cause difficulties during the tests (e.g. pregnancy, breast-feeding or an accident), please tick the appropriate box and indicate which arrangements you consider necessary to enable you to take part in the this selection procedure.**

**In some cases, a medical certificate or a certificate from a competent body recognising the status of a person with a disability may be required.[[2]](#footnote-2)**

**Do you request reasonable accommodation as a candidate for this post?**

** Yes and I confirm that I can provide further details if I am shortlisted.**

** No**

**DECLARATION:**

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| I, the undersigned, declare that the information provided above is, to the best of my knowledge, true and complete.  I further declare that:   * I am a national of a member state of the European Union or an EFTA country or an IPA qualifying country. * I have not been deprived of my civic rights. * I have complied with the provisions of all military recruitment laws applicable to me. * I undertake to submit, as soon as requested, any documents in support of the above statements and declarations. * I realise that any false statement or omission, even if unintended on my part, may lead to the cancellation of my application or may render my appointment liable to termination. * I am willing to undergo the prescribed medical examination prior to appointment and to provide a sworn affidavit to the effect that I have no criminal record.   Finally, I declare my commitment to act independently in the Institute's interest and I have no interests that might be considered prejudicial to my independence. |

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| --- | --- |
| **Date** | **Name of Applicant** |
|  |  |

1. EIGE applies a policy of equal opportunities. [↑](#footnote-ref-1)
2. In some cases, a medical certificate or a certificate from a competent body recognising the status of a person with a disability may be required. [↑](#footnote-ref-2)