Annex 1

APPLICATION FORM FOR STUDENT CANDIDATES
ERASMUS+ TRAINEESHIP PROPOSAL FOR THE ACADEMIC YEAR 2025/2026

ATTENTION: Complete the document exclusively on a computer and in its entirety, sign it, have it signed by the mobility representative of your course of study, and attach it as a PDF to your online application.

STUDENT INFORMATION

SURNAME	
NAME	
STUDENT ID NUMBER	
LEVEL OF STUDY	☐ **Bachelor (3-year program)** ☐ **Master's degree** ☐ **Single-cycle Master's degree**
STUDY PROGRAMME (please specify the study programme you are enrolled in)	
MOBILITY DELEGATE OF YOUR STUDY PROGRAMME (name and surname**)**	
STUDENT OF THE UNIVERSITY OF UDINE'S HIGHER UNIVERSITY SCHOOL (SUPE)	☐ **Si** ☐ **No**
PREVIOUS ERASMUS MOBILITY FOR STUDY OR TRAINEESHIP WITHIN THE CURRENT STUDY CYCLE	☐ **Si** If yes, for a total of ☐ months (indicate the number of months) in the academic year ☐ (indicate the academic year of the mobility abroad**)** ☐ **No**

I DECLARE THAT I FALL UNDER ONE OF THE FOLLOWING CATEGORIES (Please select one of the options listed)	☐ Participant with ISEE 2025 equal to or less than €27,948.60 ☐ Participant with certified physical, mental, or health-related disabilities, in possession of a disability certificate under Law 104/92 (valid) and/or a civil disability certificate (valid) ☐ Participant orphaned of at least one parent before reaching the age of majority (18 years) ☐ Participant with minor children ☐ Participant is a child of victims of terrorism and organized crime
I DECLARE THAT I WILL NOT RECEIVE OTHER EUROPEAN FUNDING DURING THE SAME PERIOD IN WHICH I WILL BENEFIT FROM THE ERASMUS+ TRAINEESHIP FUNDING.	

HOST ORGANIZATION

NAME HOST ORGANIZATION	
CITY AND COUNTRY	

TRAINEESHIP

☐ **CURRICULAR TRAINEESHIP FORESEEN BY THE STUDY PLAN**

☐ **TRAINEESHIP RECOGNISED BY FREE-ELECTIVE CREDITS (MINIMUM 3 ECTS)**

☐ **TRAINEESHIP RECOGNISED AS RESEARCH ACTIVITY FOR THE FINAL THESIS OR DISSERTATION.**

- **INDICATE THE NAME OF THE SUPERVISOR:**
- **INDICATE THE TOPIC OF THE FINAL THESIS:**

BRIEF DESCRIPTION OF THE TRAINEESHIP PROGRAMME REPORTED IN THE ERASMUS+ TRAINEESHIP LETTER OF INTENT	
TRAINEESHIP PERIOD	**No. of months** ☐ (indicate the number of months, from a minimum of 2 to a maximum of 6)
	Preferably from the month of ☐ **to the month of** ☐

LANGUAGE PROFICIENCY

☐ **I DECLARE THAT I POSSESS THE FOLLOWING LANGUAGE PROFICIENCY LEVEL IN ENGLISH:**

- ☐ **B1**
- ☐ **B2**
- ☐ **C1**
- ☐ **C2**

Erasmus+ | AGENZIA NAZIONALE INDIRE

MIUR | INDIRE ISTITUTO NAZIONALE DOCUMENTAZIONE INNOVAZIONE RICERCA EDUCATIVA

☐ **I DECLARE THAT I POSSESS THE FOLLOWING LANGUAGE PROFICIENCY LEVEL FOR THE LANGUAGE OF THE COUNTRY WHERE I WILL CARRY OUT THE TRAINEESHIP (IF DIFFERENT FROM ENGLISH). INDICATE THE LANGUAGE PROFICIENCY LEVEL ALONG WITH THE LANGUAGE KNOWN:**

- ☐ **A1 – language** ☐
- ☐ **A2 – language** ☐
- ☐ **B1 - language** ☐
- ☐ **B2 - language** ☐
- ☐ **C1 - language** ☐
- ☐ **C2 - language** ☐

Pursuant to Regulation (EU) 2016/679 and Legislative Decree No. 196/2003, I hereby declare that I have read the privacy notice and understood the information contained therein. I authorise the University of Udine to process my personal data for purposes permitted by law.

DATE ☐

STUDENT'S SIGNATURE

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SIGNATURE OF THE MOBILITY DELEGATE FOR THE STUDENT'S DEGREE COURSE

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