



UNIVERSITÀ DEL PIEMONTE ORIENTALE

SETTORE DIDATTICA  
E SERVIZI AGLI STUDENTI

**APPLICATION FORM  
ERAMSUS+ FOR TRAINEESHIP A.Y. 2022/2023 SCHOLARSHIP  
(ex Erasmus Placement)**

**ACADEMIC YEAR 2022/2023**

This document has to be written in capital letters. Fields marked with asterisks are mandatory.

**STUDENTS PERSONAL DATA**

*Last Name _____
*First Name _____
*Date of Birth _____ *Gender: _____ *Nationality: _____
*Birthplace (Country) _____ *Birthplace (city) _____
*Fiscal Code _____
*Residence (city) _____ *c.a.p. _____ *Prov. _____
*Address _____
Tel. _____ *Mob. _____
*e-mail _____
*Student number _____
*Study year attended _____
*Department _____
*Based _____ <input type="checkbox"/> Vercelli <input type="checkbox"/> Novara <input type="checkbox"/> Alessandria
*Degree Course _____
*Have you ever been in Erasmus in this same study cycle? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, year _____ n. of months _____ destination _____
Erasmus for study <input type="checkbox"/> Erasmus Traineeship <input type="checkbox"/>



## FOREIGN LANGUAGES KNOWLEDGE

1 _____	Level:	Suff.	Discr.	Good	Excell.
2 _____	Level:	Suff.	Discr.	Good	Excell.
3 _____	Level:	Suff.	Discr.	Good	Excell.

## PLACEMENT

**Indicative** period of mobility (write a two-month period) \_\_\_\_\_  
Country \_\_\_\_\_  
Kind of activity \_\_\_\_\_  
Motivation and specific interests \_\_\_\_\_

**Competences** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Which is your contact in the company?<sup>1</sup>

- Name of the company \_\_\_\_\_
- Country \_\_\_\_\_
- Period \_\_\_\_\_
- Task \_\_\_\_\_
- Contact \_\_\_\_\_
  
- Name of the company \_\_\_\_\_
- Country \_\_\_\_\_
- Period \_\_\_\_\_
- Task \_\_\_\_\_
- Contact \_\_\_\_\_
  
- Name of the company \_\_\_\_\_
- Country \_\_\_\_\_
- Period \_\_\_\_\_
- Task \_\_\_\_\_
- Contact \_\_\_\_\_

<sup>1</sup> It is strongly recommended to indicate at least the country of destination. **The choice is not binding.**



After the reading of Erasmus+ for Traineeship Call 2022/2023, the candidate **declares to be in possession of the required requirements.**

The candidate attaches:

- copy of a valid identity document;
- copy of the tax code;
- banking data module  
([http://www.uniupo.it/sites/default/files/elfinder\\_library/dati\\_bancari\\_0.pdf](http://www.uniupo.it/sites/default/files/elfinder_library/dati_bancari_0.pdf))
- transcript of records with the number of CFU acquired;
- a language certificate attesting the knowledge of the destination country language or of the English language;
- proof of the grade of bachelor's degree, if the candidate is enrolled in a master's degree programme;
- the training project (Learning Agreement for Traineeship) agreed with the host company (if available);
- the letter of acceptance of the host company (if available).

I declare that I have read the minimum requirements/ prerequisites necessary for the internship.

I know that the internship must be carried out and registered within the academic year of reference (2022/2023)

Date \_\_\_\_\_

Student signature

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Stage and Job Placement Office's Visa

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Didactic departmental coordinator Signature

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Tutor of the study course signature (only for the Health Professions)

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