



APPLICATION FOR AN ATYPICAL TRAINEESHIP

I, the undersigned, declare that:

A) What I apply for:

1. I hereby ask to be hosted for an atypical traineeship as part of my secondary school education, which

provides an obligation of a traineeship of ... months.

does not provide an obligation of a traineeship.

I commit resuming my education, as soon as this traineeship ends.

2. I hereby ask to be hosted for an atypical traineeship as part of my post-secondary education (¹), which

provides an obligation of a traineeship of ... months.

does not provide an obligation of a traineeship.

I commit resuming my post-secondary education, as soon as this traineeship ends.

3. I hereby ask to be hosted for an atypical traineeship as part of my duties in my public administration

I am on the payroll of a public administration, and I will resume my duties with it, once this traineeship ends.

4. Other (Please explain): Click or tap here to enter text.

B) My income situation

During the traineeship...

...I do not receive any grant/allocation/funding/salary.

...I receive a grant/allocation/funding/salary of Euro per month from _____

¹ Post-secondary education includes what is commonly understood as academic education but also includes advanced vocational or professional education.

C) My insurance situation

I declare that I have a health insurance covering me during the period of the traineeship (Mandatory)

I declare that I have a travel insurance covering me during the period of the traineeship (Recommended)

D) Declaration

YES/NO I am aware that I am expected to produce supporting documents confirming the information given in my application file.

YES/NO I am aware that any false statement may invalidate my application and/or, where appropriate, result in the cancellation of the traineeship.

YES/NO I am aware that after undertaking this traineeship, I might become ineligible to participate in other traineeship schemes of the European Commission, or other European bodies or institutions.

I acknowledge receipt of the applicable Data protection notice

The information above is true and complete.

Brussels

Forename SURNAME

The visiting trainee

(date and signature)