

EMSA Traineeship Scheme 2019

Standard application form

All required fields must be completed electronically in ENGLISH
Please note that you are only able to complete the fields within the space available

1. Applicant's personal data

Surname:

Name (s):

Nationality (ies):

Gender: Male Female

Date of birth:

Place of birth:

Country of birth:

2. Education

Please enclose a copy of your university diploma (s) when sending your application via E-mail.

Title of qualification awarded/ University/ Years from-to:

Level of degree:

City and country:

Principal subjects and organisational skills covered:

Title of qualification awarded/ University/ Years from-to:

Level of degree:

City and country:

Principal subjects and organisational skills covered:

Title of qualification awarded/ University/ Years from-to:

Level of degree:

City and country:

Principal subjects and organisational skills covered:

3. Preference of Unit

Please clearly indicate the **Units** that interest you the most in order of preference and explain briefly what would be the **added value** for your future career:

(Please see Traineeship notice)

First choice

Unit:

Expected added value for your future career

Second choice

Unit:

Expected added value for your future career

4. Have you already worked for a European Institution or Body? Yes No

If yes, please describe your experience in the section 5 below.

5. Professional experience

From:	To:	<input type="checkbox"/> ongoing
Name of employer:		
City and Country:		
Type of employment: <input type="checkbox"/> Paid trainee <input type="checkbox"/> Unpaid trainee/Voluntary <input type="checkbox"/> Permanent employee		
<input type="checkbox"/> Temporary employee <input type="checkbox"/> Self-employed <input type="checkbox"/> Other _____		
Description:		

From:	To:	
Name of employer:		
City and Country:		
Type of employment: <input type="checkbox"/> Paid trainee <input type="checkbox"/> Unpaid trainee/Voluntary <input type="checkbox"/> Permanent employee		
<input type="checkbox"/> Temporary employee <input type="checkbox"/> Self-employed <input type="checkbox"/> Other _____		
Description:		

From:

To:

Name of employer:

City and Country:

Type of employment: Paid trainee Unpaid trainee/Voluntary Permanent employee

Temporary employee Self-employed Other _____

Description:

6. Knowledge of languages

In order for the trainee to fully benefit from the traineeship and to be able to follow meetings and perform adequately, all candidates must have knowledge of English at B.2. level.

Please use the following self-assessment scale (*) to indicate your level of knowledge of English and other EU language:

Language	Self-assessment
English	
Other:	

(*) *Common European Framework of Reference (CEF) level*

7. Skills and Competences

Computer skills	
Technical skills and competences	
Communication and organisational skills	
Other relevant skills	

8. Studies or publications on EU, EMSA or Maritime related topics

Have you studied or published papers or articles on EMSA or Maritime related topics, or are you preparing any such studies? Yes No

If so, please specify up to **three** and give details:

9. Requested duration of the Traineeship

3 months

4 months

5 months

6 months

10. Permanent address and contact details

Street/N°:

Postcode/Zip:

Town/Province:

Country:

Telephone:

Mobile phone:

Email address:

11. Additional personal information

Do you have a physical disability that may require special arrangements to be made if you are chosen?

Yes No

If **YES**, please give details and indicate the nature of the special arrangements you believe would be necessary:

12. Motivation Letter

Please justify your application and interest in the Traineeship Scheme and provide any additional relevant information:

Declaration

I certify that the statements made by me in answer to the above questions are true, complete, and correct to the best of my knowledge and belief. I understand that any false statements or any required information withheld from this form may provide grounds for my exclusion from the Traineeship Scheme or cancellation of my training if my application has been accepted.

I enclose a copy of the university diploma (see art. 2.2 of [the Rules Governing the Traineeship Scheme of EMSA](#))

Date:

Signature – (electronic submission only, please do not insert image of signature)