

**:: General information**

Present surname	
Surname at birth, if different	
Forename(s)	
Address	
Nationality	
Second nationality	
Preferred period for the traineeship	
Second paid traineeship	
Date of birth	
Sex	
Email	
Phone	
Mobile	
Marital status	
Number of children	
Preferred form of reply	

**:: Disability**

Disability description	
Accessible European Parliament building	
Accessible office	
Special IT-tools or other technical equipment	
Other remarks	
Accessible housing	
Accessible means of transport	
Assistance	
Other remarks	

**:: Languages**

Mother tongue		
Language(s)		Level

**:: Education**

Secondary or technical education		
Name and place of the establishment:	Qualification obtained (specify subject):	Period of study and date when qualification (to be) obtained:
Higher education		
Name and place of the establishment:	Qualification obtained (specify subject):	Period of study and date when qualification (to be) obtained:

**Additional postgraduate studies, whether completed or ongoing**

Name and place of the establishment:	Qualification obtained (specify subject):	Period of study and date when qualification (to be) obtained:

**Training and professional experience**

<b>Name of referee (Letter of recommendation/reference)</b>
<b>Position held by referee</b>

**:: IT skills**

Software	Level

**:: Other**

<b>Titles of written work</b>
<b>Reasons for applying</b>
<b>Aim(s)</b>
<b>Areas of interest</b>
<b>Preferred department(s)</b>
<b>Preferred posting(s)</b>

I hereby solemnly declare that :

- I have taken note of the Rules governing traineeships and study visits in the Secretariat of the European Parliament of 1 February 2006 (reference PE 316.422/rev.3);
- the statements in this application are true and complete;
- I understand that any false statement or omission on my part, even if unintended, may lead to the rejection or cancellation of my application or termination of my traineeship;
- I have taken note that the processing of my application entails registration of my personal data and may involve distribution of this data to other Community institutions. If I want to receive further information or exercise my rights (such as the right to access or the right to correct my data), I note that I can contact the Traineeship Office.

Date : ..... Signature : .....