

:: General information

Present surname	
Surname at birth, if different	
Forename(s)	
Address	
Nationality	
Second nationality	
Wished dates	
Second paid traineeship	
Compulsory Traineeship	
Date of birth	
Sex	
Email	
Phone	
Mobile	
Preferred form of reply	

:: 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:

Current course of study

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

Training and professional experience

:: IT skills

Software	Level

:: Other

Type of traineeship	
Participation in seminar(s)	
Aim(s)	
Areas of interest	
Preferred department(s)	
Preferred posting(s)	

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 :