

EUROPEAN PARLIAMENT



DIRECTORATE-GENERAL FOR TRANSLATION AND PUBLISHING

APPLICATION FORM FOR AN UNPAID TRANSLATION TRAINEESHIP

TRAINEESHIP APPLIED FOR : Translation : [] SILD or Internet Edition Service : []¹

Dates of traineeship requested : [] 01.01-31.03.200_ [] 01.04-30.06.200_ [] 01.07-30.09.200_ [] 01.10-31.12.200

Other period :

Please indicate order of preference (1,2,3,4) or other period and year.

Is this traineeship an obligatory part of your course ? Yes [] No []

1. SURNAME : _____ FORENAME(S) : _____

2. Address

Street : _____ N° _____

Post code : _____ Town : _____ Country : _____

Tel. : _____ Mobile nbr : _____

E-mail : _____

Important : Please be sure to inform us of any change of address.

The address indicated in the letter of invitation will be considered as your official place of residence and used for the reimbursement of travelling expenses.

3. Nationality(ies) _____ (Please enclose a photocopy of your identity card or passport)

4. Date of birth : _____ Sex : Male [] Female []

5. Marital status : Single [] Married [] Widowed [] Divorced [] Separated []

6. Do you have any dependent children ? Yes [] No []

7. Knowledge of languages : Mother tongue : _____

Indicate the level of your language knowledge (1 = Very good, 2 = Good, 3 = Fair, 4 = Basic)

Spanish [] Estonian [] Italian [] Maltese [] Slovak [] Bulgarian []

Czech [] Greek [] Latvian [] Dutch [] Slovene [] Romanian []

Danish [] English [] Lithuanian [] Polish [] Finnish [] Turkish []

German [] French [] Hungarian [] Portuguese [] Swedish []

Others : _____

8.

Knowledge of word-processing : Yes [] No []

Experience in computing (Programming, Databases, Computer-assisted translation, HTML, ...)

(1) SILD : (IT, Language and Documentation Support Unit)
traineeships in terminology or development of translation tools.

9. Have you already been awarded a paid traineeship, or been in the paid employment for more than four consecutive weeks of, a European institution or a Member of the European Parliament.

Yes [] No []

(These details could be exchanged with other institutions).

10.

| HIGHER EDUCATION (University or equivalent) (enclose photocopies of your certificates) | | | |
|---|------------------------------|----------------|---------------|
| Name and address of establishment | Diplomas or degrees obtained | Years of study | Main subjects |
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| Language studies | | | |
|-----------------------------------|-----------------------------------|----------------|---------------|
| Name and address of establishment | Certificates or diplomas obtained | Years of study | Main subjects |
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11.

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| <p>Work experience Give brief details of any relevant work experience :</p> |
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Date : _____

Signature : _____

(Please complete the form on-screen, print it off and return by post to the address below, duly dated, signed and enclosing all the supporting documents required)