

## TRAINEESHIP APPLICATION FORM

### 1. PERSONAL INFORMATION

LAST NAME	MARITAL STATUS
MAIDEN NAME (if different from above)	NATIONALITY
FIRST NAME (S)	DATE OF BIRTH
GENDER <input type="radio"/> M <input type="radio"/> F	PLACE AND COUNTRY OF BIRTH

### 2. ADDRESS AND CONTACT DETAILS

ADDRESS	DAYTIME TELEPHONE NUMBER (with Country and Area Code)
POST CODE   TOWN	ALTERNATIVE TELEPHONE NUMBER OR FAX NUMBER
COUNTRY	E-MAIL ADDRESS

### 3. TRAINEESHIP SESSION

MAY	<input type="checkbox"/>
OCTOBER	<input type="checkbox"/>

### 4. QUALIFICATIONS

#### 4.1 UNIVERSITY, POST-UNIVERSITY OR EQUIVALENT EDUCATION

Name and Location of University	From (Month/Year)	To (Month/Year)	Degree or Diploma Obtained	Main Subjects (including title of thesis)

## 4.2 PROFESSIONAL EXPERIENCE

INDICATE ANY SIGNIFICANT WORK EXPERIENCE RELATED TO YOUR FIELD OF STUDIES (STARTING FROM THE MOST RECENT)

a)

From (Month/Year)	To (Month/Year)
Name and Address of Employer	
Occupation or position held	
Main activities or responsibilities	

b)

From (Month/Year)	To (Month/Year)
Name and Address of Employer	
Occupation or position held	
Main activities or responsibilities	

## 5. LANGUAGE SKILLS

Mother Tongue: \_\_\_\_\_

Other EU Languages	Language levels of the Common European Framework of Reference (CEFR) Self Assessment Grid: <a href="http://europass.cedefop.europa.eu/LanguageSelfAssessmentGrid/en">http://europass.cedefop.europa.eu/LanguageSelfAssessmentGrid/en</a>				
	Understanding		Speaking		Writing
	Listening	Reading	Spoken Interaction	Spoken Production	

## 6. UNIT/TEAM PREFERENCE

INDICATE, IN ORDER OF PREFERENCE, **THE TWO UNITS OR TEAMS OF EFSA** WHICH INTEREST YOU THE MOST FOR A TRAINEESHIP ([ORGANISATIONAL CHART](#))

(1)

(2)

## 7. REASON FOR APPLYING

Please explain why you are applying for a traineeship at EFSA and why you have given priority to the Units indicated in point 6.  
Please also include any additional relevant information to support your application.

I hereby certify that all information provided in this application form is complete and accurate.

By submitting this form, I accept to adhere to the conditions laid down in the "Decision of the Executive Director of the European Food Safety Authority on the traineeship and short-term study visit schemes at EFSA."

Date: \_\_\_\_\_ Applicant: \_\_\_\_\_

In the case of a traineeship being offered, the candidate shall be required to provide all supporting documents.