**APPLICATION FOR TRAINEESHIP**

***DELEGATION OF THE EUROPEAN UNION***

***TO THE REPUBLIC OF MAURITIUS AND TO THE REPUBLIC OF SEYCHELLES***

First name: …………………………………… Last name: …………………………………………….

Date of birth: (dd/mm/yyyy)

Nationality: …………………………………………

Position : Unpaid traineeship at the European Union Delegation to the Republic of Mauritius and to the Republic of the Seychelles

I declare that *(please tick and fill as appropriate):*

 I am at least in the 3rd ,4th, 5th year of University studies by the time of signing of the Traineeship Agreement

 I am a national from an EU Member State or Mauritius

 I have a maximum 1 year of professional experience

 I have no previous professional experience in any of the EU institutions of more than 6 weeks

 I am receiving a monthly grant of

EUR ………….… *(at least 600 EUR)*

From………………………………………………………………………………

*(Name of University/Public Institution)*

Language Level:

English ………………………

French ……………………….

Dates available for traineeship:

From ……………………………………………… to…………………………………………..

Signature