

APPLICATION FORM / Traineeship Mobility

HOME INSTITUTION: **Siena Jazz – Accademia Nazionale del Jazz / SJU**

Erasmus ID Code: **SIENA 05**

Tel: (+39) 392 231 3279

Coordinator: Francesco Fiorenzani

e-mail: fiorenzanifrancesco@sienajazz.it

Please attach a recent passport photograph

SECTION A / Study Course Information

ACADEMIC YEAR: _____ STUDY COURSE: **S.J.U.** LEVEL: **Bachelor** **Master**
 INSTRUMENT: _____ Main Instrument Professors _____ / _____
 Currently enrolled in year: _____ Number of study years prior to departure abroad: _____
 Exams n.: _____ Everage Grade: _____ Current ECTS n.: _____

SECTION B / Student Information

FAMILY NAME: _____ FIRST NAME(S): _____
 DATE OF BIRTH: ____ / ____ / ____ PLACE OF BIRTH: _____ (____)
 NATIONALITY: _____ CURRENT ADDRESS: _____
 _____ COUNTRY: _____
 Tel. _____ e-mail: _____ GENDER: _____

SECTION C / Mobility Information

MONTHS ABROAD (number): _____ MOBILITY PERIOD: from ____ / ____ / ____ to ____ / ____ / ____

SECTION C1 / Enterprise Information

(indicate the host enterprise)

ENTERPRISE NAME _____ COUNTRY _____ PIC Code/VAT N° (if available) _____

SECTION C / Activity Information



TRAINEESHIP SUBJECT TITLE: _____

ACTIVITY DESCRIPTION (short description of activities and aims at the host enterprise):

SECTION D / Languages Skills

Mother tongue:

Please indicate your language skills other than mother tongue:

1) Language _____ A1 A2 B1 B2 C1

2) Language _____ A1 A2 B1 B2 C1
 Will you, if necessary, be studying the language of the host institution before the exchange period? Yes No

3) Language _____ A1 A2 B1 B2 C1

SECTION E / Grant Information

Have you already been studying abroad with an ERASMUS grant? Yes No

Do you wish to apply for an Erasmus mobility grant to assist towards the additional costs of your study period abroad? Yes No

SIGNATURES HOME INSTITUTION

Student: _____ Date: / /

Erasmus Coordinator: _____ Date: / /