



RECENT  
 PASSPORT  
 PHOTOGRAPH  
 (no pins or  
 staples)

**SHORT-TERM TRAINEESHIP  
 APPLICATION FORM**

(to be filled in by typewriter or in block letters using BLACK ink)

**COPIES OF UNIVERSITY DIPLOMAS MUST BE ATTACHED**

1. Surname: First name: Second name: Maiden name, if applicable:

2. Place of birth: Date of birth: Nationality at birth: Present nationality:

3. Higher education received (please give exact dates):

Name and location of University	from (m/y)	to (m/y)	Diplomas or degrees obtained	Main subjects
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4. Mother tongue: Other languages (indicate level of knowledge: very good, good, fair):

5. Qualifications in one or more areas related to the activities of the EESC (optional):

5.1. Theoretical study in one or more areas related to the activities of the EESC (see list in the attached document, "Extracts from the regulations covering traineeships").

Type (specialised study, dissertation, thesis, article)	Title	Year	Details: number of hours of classes per week, number of pages of dissertation etc.
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5.2. Previous employment and in-service-training periods related to the activities of the EESC (including in EU institutions):

Employer's name from (m/y) to (m/y) Nature of work

6. Other previous employment or training:

7. Knowledge of software (word processing, database, spreadsheets, Internet, etc.)

8. Indication of traineeship period: Please indicate duration and/or dates: OR:

- a) Duration:
- b) Dates:

9. Address for correspondence and E-mail address until start of training period:

Telephone no.:

10. Permanent address:

Telephone no.

11. References: Please give the names and addresses of TWO persons to whom you are not related and who are able to give a character reference and who know your qualifications:

Full name

Full address (telephone number if known)

Activity or profession

12. How did you learn about this training scheme?

Applicants are reminded that the application form for a short-term traineeship, together with copies of university degree certificates should be submitted by post only

and must be addressed to:

**EUROPEAN ECONOMIC AND SOCIAL COMMITTEE**  
**Traineeship office**  
**99, Rue Belliard**  
**B- 1040 BRUXELLES**

I, the undersigned, declare that the information provided above, is, to my knowledge, true and complete. I realize that any false statement or omission, even if unintended on my part, may lead to the cancellation of my application or my in-service training period.

(Date)

(Signature)