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**JAGIELLONIAN UNIVERSITY**

**Erasmus+ TRAINEESHIPS 2019/2020**

**CANDIDATE’S QUESTIONNAIRE**

1. **Personal data**

|  |  |
| --- | --- |
| Surname: | Name: |
| Phone: | E-mail: |

1. **Studies information**

|  |  |
| --- | --- |
| Faculty: | Unit: |
| Field of study: | |
| Year of study: | Degree: BA – MA - PHD |

1. **Planned traineeship information**

|  |  |
| --- | --- |
| Planned traineeship period[[1]](#footnote-1): | Traineeship country: |
| Name of the recieving institution: | |

1. **Participation in Erasmus (LLP) / Erasmus+ / Leonardo da Vinci / Scholarship and Training Fund programmes**

|  |  |  |
| --- | --- | --- |
| Have you participated in the following programmes within 2007-2018[[2]](#footnote-2): | | |
| * Erasmus / Erasmus+ Studies | Period of stay: | Degree: BA, MA, PHD |
| * Erasmus / Erasmus+ Traineeships | Period of stay: | Degree: BA, MA, PHD |
| * Leonardo da Vinci | Period of stay: |  |
| * Scholarship and Training Fund |  |  |
| * I have not participated. |  | |

1. **Erasmus+ Traineeship as a mandatory / non-mandatory traineeship**

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| --- |
| I hereby agree to the student’s Erasmus+ Traineeships programme participation in the academic year 2019/2020. The Traineeship will be recognized as:   * MANDATORY - The student is obliged to complete a professional traineeship, lasting at least …………………………………………, ………… hours per week, awarded with ………… ECTS credits. * NON-MANDATORY |
| ...................................................................  *Date and signature   of the institute’s traineeships coordinator[[3]](#footnote-3)* |
|  |

1. **Participation in Operational Programme Knowledge Education Development (PO WER)**

|  |
| --- |
| I hereby certify that in the academic year 2018/2019 / 2019/2020\* in the winter / summer\*  semester I have been receiving / I have not been receiving \* the financial aid.  I hereby certify that I posess / I do not posess\* the disability cerfiticate. |
| .................................................................  *Date and student’s signature* |

1. **Traineeship purpose**

|  |  |
| --- | --- |
| Why have you decided to participate in the Erasmus+ Traineeship programme? | |
| I hereby certify that I have read *Zasady realizacji Programu ERASMUS+ Praktyki na Uniwersytecie Jagiellońskim w roku akademickim 2018/2019.*  .......................................................................  *Date and student’s signature* | I hereby agree to the student’s Erasmus+ Traineeships programme participation in the academic year 2019/2020 from ………………………… (dd/mm/rrrr)  to ………………………… (dd/mm/rrrr).  .....................................................................  *Date and signature of Head of Institute/  Dean of Faculty [[4]](#footnote-4)* |

1. The Traineeship should last at least 2 month. 1 month consists of 30 days. The date of start and end of the Traineeship should be stated. [↑](#footnote-ref-1)
2. All the programmes the students participated in should be marked, stating the lenght of the stay abroad (in months) and the degree (Bachelor, Master, PhD). The programmes include: LLP / Erasmus+ / Leonardo da Vinci / Scholarship and Training Fund. [↑](#footnote-ref-2)
3. The signature of the institute’s traineeships coordinator is obligatory (whether the Traineeship is mandatory or non-mandatory).

   \* Please mark the right answer. [↑](#footnote-ref-3)
4. The signature of Head of Institute/Dean of Faculty is obligatory (whether the Traineeship is mandatory or non-mandatory). [↑](#footnote-ref-4)