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**Erasmus+ TRAINEESHIPS PROGRAMME (SMT) AT JAGIELLONIAN UNIVERSITY in kraków**

**CANDIDATE’S QUESTIONNAIRE**

1. **Personal data**

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| --- | --- |
| Surname: | Name:  |
| Phone: Student ID number: | E-mail (in the JU domain): |

1. **Studies information**

|  |  |
| --- | --- |
| Faculty / Doctoral School: | Unit (Institute): |
| Field of study / PhD Programme: |
| Year of study:  | Study level: BA – MA – PhD |

1. **Planned traineeship information[[1]](#footnote-1)**

|  |  |
| --- | --- |
| Traineeship dates: Traineeship country: |  |
| Name of the receiving institution:The traineeship will be completed after graduation (graduate traineeship): YES/NO |

1. **Participation in Erasmus (LLP) / Erasmus+ / Leonardo da Vinci / Scholarship and Training Fund programmes[[2]](#footnote-2)**

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| --- |
| Have you participated in the following programmes since 2007: |
| * Erasmus / Erasmus+ Studies
 | Period of stay: | Degree: BA, MA, PhD |
| * Erasmus / Erasmus+ Traineeships
 | Period of stay: | Degree: BA, MA, PhD |
| * Erasmus+ BIP / Short-Term Mobility
 | Period of stay: |  |
| * Leonardo da Vinci
 | Period of stay: |  |
| * Scholarship and Training Fund
 | Period of stay: |  |
| * I have not participated
 |  |

1. **Information on social scholarship and disability[[3]](#footnote-3)**

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| I hereby certify that in the previous academic year (i.e.………………………) in the winter / summer\* semester / whole academic year, I have been receiving / I have not been receiving\* **the social scholarship.** I hereby certify that I possess / do not possess\* **the current disability certificate.** |
| .......................................................................*Date and Student’s / PhD Student’s signature* |
|  |

1. **Foreign language knowledge**

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| --- |
| I declare knowledge of a foreign language of my Traineeship: …..………… (specify language)at the ………. level (B1-C2). |

1. **Traineeship purpose**

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| Why have you decided to participate in the Erasmus+ Traineeship Programme? Please indicate the connection between the planned traineeship, your field of study / PhD programme, and your scientific interests. |
| I hereby certify that I have read *Zasady realizacji Programu ERASMUS+ Praktyki na Uniwersytecie Jagiellońskim.*.......................................................................*Date and Student’s /PhD Student’s signature* | I hereby agree to the student’s Erasmus+ Traineeships Programme participation.[[4]](#footnote-4).......................................................................*Date, signature and stamp of Head of Institute /Dean (****in the case of applying students****)**Date, signature and stamp of the Head of PhD Study Programme / Dean or the Head of Doctoral Programme / Director of the Doctoral School* ***(in the case of applying PhD students)*** |

**Annex to the questionnaire:**-*Learning Agreement for Traineeship – Before the Mobility.*

1. The minimum duration of the Erasmus+ traineeship is 60 days (2 months). Please indicate the planned start and end date of the traineeship. [↑](#footnote-ref-1)
2. All the programmes the student / PhD student participated in should be marked, stating the length of the stay abroad (in months) and the degree (Bachelor, Master, PhD). [↑](#footnote-ref-2)
3. Students who receive a social scholarship at Jagiellonian University and students with a disability certificate receive an additional EUR 250 surcharge on the monthly scholarship rate in the Erasmus+ Traineeships Programme.

\* Please mark the right answer. [↑](#footnote-ref-3)
4. The signature is obligatory. Document without the required signature will not be accepted for recruitment. [↑](#footnote-ref-4)