



Erasmus+



A.R.T.S.
Consortium Erasmus Traineeship



TRAINEESHIP APPLICATION FORM

Please attach a recent passport photograph

ACADEMIC YEAR **2016/2017**

Study Programme:

Principal study subject:

Home Institution

Fondazione Siena Jazz – Accademia Nazionale del Jazz

Erasmus ID Code: **I SIENA 05**

Coordinator: Jacopo Guidi

Direttore: Dott. Franco Caroni

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E-mail: guidi.mobility@sienajazz.it

Section A: STUDENT

Family name: First name(s):

Date of birth: Age: Place of Birth:

Sex: Male Female Nationality:

Current address:

.....

.....

Tel.: +

Fax: +

E-mail:

Previous / Current studies

Diploma / degree for which you are currently studying: **SJU / 1st level degree**

Number of higher education study years prior to departure abroad:

Please attach a transcript including full details of previous and current higher education study. Details not known at the time of application should be provided at a later stage.



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Section B: DESTINATION COMPANY

Company name: Country:

Section C: LANGUAGE SKILLS

Mother tongue:

Please indicate your language skills other than mother tongue:

- | | | | | | |
|-------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| 1) Language _____ | A1 <input type="checkbox"/> | A2 <input type="checkbox"/> | B1 <input type="checkbox"/> | B2 <input type="checkbox"/> | C1 <input type="checkbox"/> |
| 2) Language _____ | A1 <input type="checkbox"/> | A2 <input type="checkbox"/> | B1 <input type="checkbox"/> | B2 <input type="checkbox"/> | C1 <input type="checkbox"/> |
| 3) Language _____ | A1 <input type="checkbox"/> | A2 <input type="checkbox"/> | B1 <input type="checkbox"/> | B2 <input type="checkbox"/> | C1 <input type="checkbox"/> |

Will you, if necessary, be studying the language of the host institution before the exchange period? Yes No

Section E: FUNDING

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:

Director: Date:

Erasmus Coordinator: Date: