

## APPLICATION FORM / Traineeship Mobility

HOME INSTITUTION: <b>Siena Jazz – Accademia Nazionale del Jazz / SJU</b>	
Erasmus ID Code: <b>I SIENA 05</b>	Tel: (+39) 0577-271401
Coordinator: Jacopo Guidi	e-mail: <a href="mailto:guidi.mobility@sienajazz.it">guidi.mobility@sienajazz.it</a>

Please attach a recent passport photograph

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### SECTION A / Study Course Information

ACADEMIC YEAR: _____	STUDY COURSE: <b>S.J.U.</b>	LEVEL: <b>Bachelor</b> <input type="checkbox"/> <b>Master</b> <input type="checkbox"/>
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 __/__/____
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### 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
- 3) Language \_\_\_\_\_ A1  A2  B1  B2  C1

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

\_\_\_\_\_

### 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: \_\_/\_\_/\_\_