

**International Credit Mobility / KA171
APPLICATION FORM / Traineeship Mobility**

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

Please attach a recent passport photograph

SECTION A / Study Course Information

ACADEMIC YEAR: _____	STUDY COURSE: S.J.U.	LEVEL: Bachelor <input type="checkbox"/> Master <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 ___/___/___

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

Bank Account N.: _____ Bank Name: _____

IBAN: _____ SWIFT CODE: _____

C.F.: _____

SIGNATURES HOME INSTITUTION

Student: _____ Date: __/__/__