**Traineeship Application Form**

**Instructions**: Only application forms sent in electronic PDF format (**not scanned**)directly to

EEAS-EUSR-DWB@eeas.europa.eu will be considered.

Please do not contact the EUSR Dialogue team, only those shortlisted will be contacted.

**Application deadline, 12 February 2025, 17:00 Brussels time**

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| **1. NOMINATION DETAILS**

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| --- |
| **AVAILABILITY: 01/03/2025 – 31/07/2025**  |

**2. PERSONAL DATA**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name |  | First name |  |
| Birth date  |   | Country of birth |  |
| Passport/ID no. |  | Gender |  |
| Present nationality |  | Other nationality |  |

**3. CONTACT DETAILS**

|  |
| --- |
| **Current address** |
| Street  | Zip/postal Code   |
| Town/city  | Country  |
| Mobile no.  | Email address  |

**4. EDUCATION AND PROFESSIONAL TRAINING**

|  |  |
| --- | --- |
| **University education or equivalent** | Attended (mm/yyyy) |
| Name institution / university, place and country | Degrees/qualifications obtained (Title of qualification awarded) | Main course/field of study | From: | To: |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Secondary education and/or formal vocational education/training**  |
| Name institution / place and country | Degrees/qualifications obtained (Title of qualification awarded) | Main course/field of study | From: | To: |
|  |  |  |  |  |
|  |  |  |  |  |

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**5. EMPLOYMENT RECORD** (in reverse chronological order)

|  |  |
| --- | --- |
| **Current/most recent position**  | Current position: Yes No  |
| Organisation | Place and country | Job title | Date  |
| From: | To: |
|  |  |  |  |  |
| Description of tasks and responsibilities:  |
| **Previous position** (**1)** |
| Organisation | Place and country | Job title | Date  |
| From: | To: |
|  |  |  |  |  |
| Description of tasks and responsibilities:  |
| **Previous position (2)** |
| Organisation | Place and country | Job title | Date  |
| From: | To: |
|  |  |  |  |  |
| Description of tasks and responsibilities:  |
| **Previous position (3)** |
| Organisation | Place and country | Job title | Date |
| From: | To: |
|  |  |  |  |  |
| Description of tasks and responsibilities:  |

**6. OTHER EXPERIENCE** (volunteering/extracurricular activities)

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| --- |
|  |

**7. OTHER SKILLS**

|  |  |
| --- | --- |
| **Languages** (European level \*) | **Native language:** |
| Other languages | Speak | Write | Read | Understand |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

C1, C2 = Proficient; B1, B2 = Independent User; A1, A2 = Basic User

(\*) [Common European Framework of References for Languages](http://www.coe.int/T/DG4/Portfolio?L=E&M=/main_pages/levels.html)

C = Proficient User; B = Independent User; A = Basic User; N/A

**8. MOTIVATION AND ADDITIONAL INFORMATION**

|  |
| --- |
| Please explain the reasons for your application, covering your profile and particular interest in this position. Add any other information that might be relevant to your application, including any skills, knowledge and experience for which there was no space above. (Maximum 300 words) |
|  |

**9. ELIGIBILITY CRITERIA**

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| --- |
| **I declare that:** |
| I have at least a Bachelor Diploma | Yes No  |
| I am a citizen of an EU Member State | Yes No  |
| I have no previous experience in the EU Institutions longer than six weeks | Yes No  |
| I have maximum one year of professional experience (after my graduation) | Yes No  |
| **I agree that if I should be pre-selected, I will send:** |
| A copy of my valid Passport/ID card | Yes No  |
| A copy of my diploma(s) | Yes. No  |
| A copy of my language certificate(s) | Yes No  |
| A medical certificate stating that I am fit for work and have no infectious diseases (a certificate written by a general practitioner is sufficient) | Yes No  |
| An extract from the "judicial record" | Yes No  |
| By submitting this application form, I certify that the statements made by me in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief. I understand that any misrepresentation or material omission made on the Application Form will result in the application being void and will result in termination or dismissal from the mission | Yes No |
| Place | Date | Signature (in case of difficulty with electronic signature, typed name is sufficient) |

If selected, you will be requested to supply documentary evidence which supports the statements you made above. Do not, however, send any documentary evidence until you have been asked to do so.