SISSA
Scuola Internazionale Superiore di Studi Avanzati

Erasmus+ | AGENZIA NAZIONALE INDIRE

Allegato 1

Modulo di domanda "Bando di mobilità Erasmus+ Traineeship 2024-2026

I, the undersigned _____

born on _____ in _____

- Codice Fiscale _____

enrolled in the ____ year of the Ph.D. course in _____

_____ for the present academic year.

domiciled in _____

Address_____

ASK

To participate in the selection for the attribution of a Trainee fellowship in the framework of the ERASMUS+ activities.

I furthermore declare that I will not benefit from other EU funding during the same period for which I'm requesting an ERASMUS+ traineeship funding.
I confirm I have read the relevant announcement and accept in in every part.

I hereby enclose:

- ○ **Curriculum Vitae** (in Italian or English);
- ○ **Traineeship proposal;**
- ○ **Letter of Intent;**
- ○ **Approval letter from the supervisor (or PhD Coordinator)**

As per Legislative Decree 30.06.03 n.196, and of the European Regulation 2016/679 (General Data Protection Regulation), we inform that all data given to this Administration will be processed only for purposes related to and instrumental to the existing contract, in compliance with the provisions in force.

Date _____

Signature _____

Segreteria Didattica ed Allievi

Via Bonomea, 265
34136 Trieste – Italy
T +39 0403787111
E phd@sissa.it
sissa.it

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Allegato 2

ERASMUS+ TRAINEESHIP PROPOSAL (2024/2026)

STUDENTS' DATA

SURNAME	
NAME	
PHD COURSE	
YEAR OF THE COURSE	
PREVIOUS ERASMUS+ MOBILITIES	❑ **YES (……. MONTHS)** ❑ **NO**
HOSTING INSTITUTION	
CITY AND COUNTRY	
TRAINEESHIP PERIOD	**n. months …….** **Tentatively from …… to ……..…….**
TRAINEESHIP OBJECT *(please specify the coherence of the traineeship object with your PhD course)*	

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KNOWLEDGE OF THE ENGLISH LANGUAGE

❑ **I declare that my knowledge of the English language is:**

B1 --Threshold or intermediate
B2 - Vantage or upper intermediate
C1 - Effective operational proficiency or advanced
C2 - Proficient

Date and signature of the student _____

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Allegato 3

ERASMUS+ TRAINEESHIP LETTER OF INTENT

With this Letter of Intent, the below-mentioned company/institute/university wishes to participate in the ERASMUS+ Traineeship Programme hosting:

Name and surname of the student	
Name of the Organization	
Legal Representative	
Address	
Trainee's Tutor (Contact person)	
Telephone	
e-mail	
Fax	
Website	
Brief description of the traineeship offered	
Tentative period of the traineeship (2 months minimum)	
Date	
Signature of the Head of the Dept. (with stamp)	

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