

ERASMUS WORK PLACEMENTS APPLICATION FORM

STUDENTS: PLEASE NOTE THAT THIS FORM IS FOR INTERNAL TRINITY COLLEGE USE ONLY. IT IS FOR THE PURPOSE OF REQUESTING AN ERASMUS WORK PLACEMENT GRANT. IT IS NOT THE APPLICATION FORM TO YOUR HOST ORGANISATION

****PLEASE WRITE CLEARLY!****

Section 1: PERSONAL INFORMATION

LAST NAME _____ FIRST NAME _____

MALE/FEMALE _____ NATIONALITY _____ AGE _____ DATE OF BIRTH _____

ADDRESS FOR CORRESPONDENCE _____

ADDRESS FOR CORRESPONDENCE AFTER THE END OF TERM (IF DIFFERENT) _____

MOBILE NUMBER _____ HOME TEL NUMBER _____

TCD EMAIL ADDRESS _____

Section 2: ACADEMIC INFORMATION

STUDENT I.D. NUMBER _____ DEGREE FOR WHICH YOU ARE REGISTERED _____
(E.G. BBS; BA; BA(MOD) TSM, ETC)

YOUR CURRENT YEAR IN COLLEGE (JF,SF, JS) _____

YEAR (SF, JS OR SS) IN WHICH WORK PLACEMENT WILL TAKE PLACE _____

YOUR TRINITY DEPARTMENT(S)/SCHOOL(S) _____

YOUR TRINITY ERASMUS COORDINATOR _____

Section 3: WORK PLACEMENT INFORMATION

NAME OF HOST ORGANISATION:(IF KNOWN NOW) _____ COUNTRY _____

START DATE AT HOST ORGANISATION _____ END DATE AT HOST ORGANISATION _____

NUMBER OF MONTHS _____ WEEKS _____

I CONFIRM THAT THE PARTICULARS GIVEN ON THIS FORM ARE TRUE IN ALL RESPECTS. I CONFIRM THAT I HAVE DISCUSSED MY WORK PLACEMENT WITH THE APPROPRIATE COORDINATOR IN MY TCD DEPARTMENT/ S. IT HAS BEEN AGREED THAT I WILL GET CREDIT FOR THE WORK PLACEMENT PERIOD ABROAD, SUBJECT TO APPROVAL OF THE WORK PLACEMENT PROGRAMME WHICH WILL BE OUTLINED IN THE TRAINING AGREEMENT PRIOR TO DEPARTURE.

STUDENT'S SIGNATURE _____ DATE _____

***STUDENTS PLEASE READ AND SIGN THE BACK OF THIS FORM**

I CONFIRM THAT THE ABOVE STUDENT HAS PERMISSION TO PARTICIPATE IN THE ERASMUS WORK PLACEMENT PROGRAMME AND WILL RECEIVE CREDIT FOR THE PERIOD OF THE WORK PLACEMENT ABROAD, SUBJECT TO APPROVAL OF THE WORK PLACEMENT PROGRAMME WHICH WILL BE OUTLINED IN THE TRAINING AGREEMENT PRIOR TO DEPARTURE.

SIGNATURE OF ACADEMIC ERASMUS COORDINATOR OR COURSE DIRECTOR _____

DATE _____

SIGNATURE OF ACADEMIC ERASMUS COORDINATOR OR COURSE DIRECTOR _____

DATE _____

PLEASE NOTE THAT IF A STUDENT IS REGISTERED FOR A TWO SUBJECT MODERATORSHIP, THIS FORM MUST BE SIGNED BY BOTH DEPARTMENTS

****Students: Please ensure you have signed both sides of the form****

ERASMUS WORK PLACEMENT PROGRAMME

- THIS FORM IS FOR INTERNAL TCD USE ONLY. IT IS FOR THE PURPOSE OF REQUESTING AN ERASMUS WORK PLACEMENT GRANT. IT IS NOT AN APPLICATION TO THE HOST ORGANISATION.
 - IT IS THE STUDENT'S RESPONSIBILITY TO DISCUSS CHOICE OF WORK PLACEMENT WITH THE APPROPRIATE MEMBER OF STAFF IN *EACH* DEPARTMENT IN WHICH HE/SHE IS TAKING COURSES AND TO ENSURE CREDIT WILL BE AWARDED FOR THE PERIOD OF THE WORK PLACEMENT.
 - **ERASMUS WORK PLACEMENT APPLICATION FORMS MUST BE RETURNED TO THE INTERNATIONAL OFFICE, EAST THEATRE, COLLEGE.**
 - DETAILED INFORMATION ON TRAVELLING ABROAD UNDER THE ERASMUS PROGRAMME IS AVAILABLE ON THE INTERNATIONAL OFFICE WEBSITE: www.tcd.ie/international (OUTGOING TRINITY STUDENTS) THE INTERNATIONAL OFFICE HOLDS EMAIL ADDRESSES OF STUDENTS WHO HAVE RECENTLY PARTICIPATED IN THE ERASMUS PROGRAMME. PLEASE EMAIL ERASMUS@TCD.IE FOR THE ADDRESSES OF STUDENTS WHO HAVE PARTICIPATED IN THE ERASMUS WORK PLACEMENT PROGRAMME.
 - IF YOU WITHDRAW FROM THE ERASMUS WORK PLACEMENT PROGRAMME, OR FINISH EARLIER THAN PLANNED AT YOUR HOST ORGANISATION YOU MUST INFORM THE INTERNATIONAL OFFICE IMMEDIATELY.
 - IF YOU CHANGE ADDRESS, PLEASE ADVISE US IMMEDIATELY (ERASMUS@TCD.IE) YOUR ERASMUS GRANT CHEQUE IS SENT TO YOUR HOME ADDRESS AND WE CANNOT ACCEPT RESPONSIBILITY FOR CHEQUES WHICH ARE SENT TO OUT-OF-DATE ADDRESSES.
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I CONFIRM THAT I HAVE READ THE ABOVE INFORMATION.

STUDENT'S SIGNATURE: _____

DATE: _____

FOR OFFICE USE ONLY:

DATE FORM RECEIVED. _____