APPLICATION FOR TRAINEES

DATE

To be filled by the Career & Employment service of the University			
Reference	Checked by	Review date	

1 COMPANY / INSTITUTION DATA

Company: _____ Id. No. _____

Activity: _____ # employees _____

Address: _____

City: _____ Post Code: _____

Region: _____ Country: _____

Phone: _____ Fax: _____

E-mail: _____ Web: _____

Person responsible of the recruitment process

Name: _____ Position: _____

Phone: _____ Fax: _____ E-mail: _____

2 TRAINEERSHIP DATA

Location where the traineeship will take place: _____

Daily working hours: _____ hours per day Type of working-day: _____

Expected duration: _____ months Amount of financial assistance: _____ €/month

Objective and activities to be carried out during the traineeship

Training for the student during the traineeship (courses, specific training, etc.)

¿Is there the possibility of hiring the student at the end of the traineeship? ☐ Yes ☐ No

¿Is there the possibility of developing the Final Project at the company? ☐ Yes ☐ No

Date of incorporation of the students to the company: _____

How can we send you the curricula? _____ Deadline for submission: _____

Form: Application for trainees - 16th version

3   REQUIREMENTS FOR THE STUDENTS

Conditions

Number of students required: _____ , course of the student: _____

Maximum subjects pending for the end of the studies: _____

Living near the location of traineeship required?   ☐ Yes   ☐ No   Place: _____

Driving license required?   ☐ Yes   ☐ No   Type: _____

Student Profiles

Computer skills	Level	Computer skills	Level

Languages	Level: Reading	Writing	Conversation

Skills / Abilities / Others	Skills / Abilities / Others

Degrees required (see document "Degrees and contacts at the UPV")

Comments:

PLEASE, SEND THIS FORM TO THE TRAINEERSHIP CORRESPONDING VIA E-MAIL

(See contacts at the document "Degrees and contacts at the UPV)