# STUDENT NOMINATION *Ref. No.* ………………………….

**Personal information**

*Family name:* *Date of birth:*

*First and/or other names:* *Place of birth:*

*Gender:*

*Home address:*

*Nationality:*

*Passport no.:*

*Place of issue:*

*Address during terms:* *Valid until:*

*Phone no:* I have no medical conditions that could prevent me

*Alternative phone no:* undertaking a traineeship (If not, please, attach

enclosure with details)

*Email:*

**Study information**

*General discipline:*

*Languages:*

*Field of study:*

*Completed years of study: Total years required:*

University/College

**Working related information**

*Desired period of training:*

*Do you wish lodging to be found for you?*  Yes  No

**Disclaimer**

* *I agree that the personal data, which has been provided to IAESTE, may be passed to IAESTE member countries (full members, associate members and cooperating institutions) and potential employers for the purpose of arranging my traineeship. Also my personal data may be provided to government authorities for the issuance of visa/work permit purpose.*
* *I am aware that I am not allowed to contact the company or the Receiving Country before being accepted. (You are accepted for this training offer only after receipt of the IAESTE acceptance form.)*
* *I confirm that all the data I provide is correct.*

*Date:* *Student’s signature:*

**For internal use**

*Date:*  *On behalf of sending country:*

**DATA PROTECTION DECLARATION**

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| |  | | --- | | I agree that the personal data, which has been provided to IAESTE, may be passed to IAESTE member countries (full members, associate members and cooperating institutions) and potential employers for the purpose of arranging my traineeship. Also my personal data may be provided to government authorities for the issuance of visa/work permit purpose. | | | | |
| |  | | --- | | I am aware that I am not allowed to contact the company of the Receiving Country before being accepted. You are accepted for this training offer only after receipt of the IAESTE acceptance form. | | | | |
| |  | | --- | | I confirm that all the data I provide is correct. | |  | |  | | | | |
| |  | | --- | | I confirm to assume all of the foregoing risks, and accept personal responsibility for any injury to my myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability or expense, of any kind or nature, that I may suffer arising out of or in connection with myself becoming exposed to or infected by COVID-19 while I am doing an IAESTE internship. | | | | |

Date and Place: Student’s signature: