

ENROLMENT FORM

Personal Details

Name

Surname

Address

.....

Emergency contact (mobile nb. & relationship).....

Telephone/Mobile

Email

Date of Birth

Age on 03/05/27

Gender

Nationality

ID/Passport Number

Your current official/estimated level of English or German or Italian (depending on your destination country)

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Native languages

Internship Information

Start Date Monday (Dublin, Heidelberg) or Tuesday (Pistoia) beginning of May 2027

Finish Date Friday mid-June 2027 (Duration: 6 weeks)

What are your career goals, if known

Please indicate your top three sectors of interest for your internship :

1

2

3

Accommodation Requirements (if requested)

Arrival Date Saturday (Dublin) or Sunday (Heidelberg) or Monday (Pistoia) beginning of May 2027

Departure Date Saturday (Dublin, Heidelberg) or Monday (Pistoia) mid-June 2027 (Duration: 6 weeks)

Are you a smoker? Yes ☐ No ☐

Are you ok with smoking in the house? Yes ☐ No ☐

Are you ok with pets in the house (many houses have a cat or a dog, for example) ? Yes ☐ No ☐

Do you have any medical conditions? Yes ☐ No ☐

Are you currently taking medication? Yes ☐ No ☐

Do you have any special diet requirements, allergies, etc, which your host family/company should be aware of?

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Other Information for our partners (who will find you internship & accommodation)

Please give any other details which may be helpful in providing you with the internship you require (ex ADHD (DYS-etc.))

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Question/Request for our local partners (not for EE!)

Do you have any questions or any special requests ? (For questions regarding the programme, please contact Team Mobilité at Espace Entreprise in Geneva. The questions here are for our partners in Dublin /Heidelberg /Pistoia)

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I confirm that this application is my own work and that all the details provided are true to the best of my knowledge.

Date __ / __ / 2 0 2 6

Applicant's Signature Application