**Erasmus+ EuroApprentices 2019 Application Form**

**Completed applications must be sent to** [**erasmusplus@ecorys.com**](mailto:erasmusplus@ecorys.com) **by 5pm on Friday 14 December 2018.**

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| **1) APPLICANT DETAILS (please complete all fields)** | |
| **First Name:** |  |
| **Family Name:** |  |
| **Full Postal Address:**  This will be used to issue any documentation to |  |
| **Email:** |  |
| **Contact Number:** |  |
| **Gender:** |  |
| **Date of Birth:**  Applicants must be over the age of 18 |  |
| **Country of residence:**  Applicants must be a resident of the UK |  |
| **Apprenticeship Qualification**  Name/ Subject and Level |  |
| **Passport Expiry Date**  Must be valid at least up to the end of May 2019 |  |

Your personal information will be used in the activity management, please make sure that it is correct and complete. It will also be used for documentation, contact and reporting purposes after the seminar.

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| **2) ORGANISATION DETAILS (please complete all fields)** | | | | | |
| **Organisation Name:** | |  | | | | |
| **Full Postal Address:**  Organisation must be based in the UK | |  | | | | |
| **Contact Person Full Name:** | |  | | | | |
| **Email:** | |  | | | | |
| **Contact Number:** | |  | | | | |
| **Erasmus+ Project Reference:**  This should be the project(s) which the Applicant participated under as an Apprentice | |  | | | | |
| **Private Organisation** | **Public Organisation** | | **Statutory Organisation** | | |
| **Supporting statement from sponsoring organisation**  ***Please briefly describe why you recommend the applicant to become a UK EuroApprentice and how you feel they meet the eligibility and quality criteria.*** | | | | | |
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| **4) EXPERIENCE AND RELEVANCE**  **(please complete all fields; max. 150 words per question)** | | | | | |
| **Please briefly describe your motivation for applying for the role of a EuroApprentice** | | | | | |
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| **Please outline your Erasmus+ mobility experience; what you gained, how it helped your Apprenticeship qualification, and the impacts on your personal and professional development.**  For example; mobility activities, your roles and responsibilities, learning outcomes, certification, benefits and any dissemination activities you were involved in at a local, regional or national level? | | | | | |
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| **Please describe the relevant skills/ characteristics you feel you have which would benefit the role of a EuroApprentice.**  For example; good communication skills, presentation skills, proactivity, experience of disseminating information using social media or presenting at events and/ or knowledge of the Erasmus+ programme. | | | | | |
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| **Please describe how many and what engagement activities you envisage to carry out to disseminate your Erasmus+ mobility experience on a local or regional level, and how you would do this?**  A minimum of 1 and a maximum of 4 Social Media Engagement Activities (such as Facebook, Blogs), and a minimum of 1 and a maximum of 2 Presentation/ Event Engagement Activities (such as presenting at relevant events in the UK), is required by all EuroApprentices | | | | | |
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| **What personal and professional benefits do you hope to obtain from participating in this TCA activity?** | | | | | |
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| **As the Call for EuroApprentices will be made on an annual basis, would you be interested in reapplying and continuing your role as a EuroApprentice for more than 1 year, up to 2020?** | | | | | |
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| **5) ELIGIBILITY & PRACTICALITIES**  **(please complete all fields/ tick boxes)** | | | | | |
| I confirm I am not an EVS Volunteer | | | | 🞎Yes | 🞎No |
| I confirm I have not attended two TCA projects in current calendar year | | | | 🞎Yes | 🞎No |
| I confirm I am happy with the budget I am eligible for (outlined in the Information Sheet) | | | | 🞎Yes | 🞎No |
| I confirm I am happy with the minimum and maximum engagement activities I am required to undertake, with support from the UK National Agency (outlined in the Information Sheet) | | | | 🞎Yes | 🞎No |
| I confirm authorisation that the UK National Agency and the European Commission may publish, in whatever form and by whatever medium, including the Internet, information about my organisation including the organisation’s address, and any work and pictures taken at the meetings/ trainings | | | | 🞎Yes | 🞎No |
| If selected, I commit myself to participate in the whole process, including taking part in the full duration of any meetings as required. If, for any exceptional reason, I am unable to attend a meeting I will inform the UK National Agency and the hosting Austrian National Agency immediately. | | | | 🞎Yes | 🞎No |
| If selected, I am aware that obtaining health and full travel insurance are my own responsibility and at my own expense. I understand that the information I provided on my special needs does not remove my own personal responsibility for ensuring my own health | | | | 🞎Yes | 🞎No |
| Please specify any food requirements that you have (e.g. gluten free, vegetarian, vegan, halal, kosher, etc.) | | | | | |
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| Specify any special needs (e.g. mobility, medical condition, etc.) | | | | | |
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| **Please write any important comments or questions that you have here.** | | | | | |
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