DELEGATION OF THE EUROPEAN UNION

…….

PERSONAL INFORMATION

NAME: ……

SURNAME: ……

CITIZENSHIP/NATIONALITY: ……

1) **Permanent address**: ……

……

2) **Temporary address**: ……..

……

valid from …./…./…….. until …./…./……..

3) **Telephone number**: ……..

4) **Date of birth**: ……..

5) **Health insurance**

Insured by : ☐ private company ☐ Other (please specify)

Name of insurance company: ……

If other, please specify: ……

Date of validity: valid from …./…./…….. until …./…./……..

* Please note that you need to provide with the scanned copy of the insurance valid for the period of the traineeship prior to your arrival to the Delegation.

6) **Person to be contacted in case of emergencies**:

Name: ……

Address: ……

Phone: ……

7) **Potential Conflict of Interest**

I am a family member of a staff member working for the EU Institutions. YES/NO

<u>If yes</u>: Institution ……...

Name & surname of the staff member: ……..

Link with this person: ……

8) **ID/Visa**

Type: ……

Issued by: ……

Dates of validity: from …./…./…….. until …./…./……..

* Please note that you need to provide with the scanned copy of your visa valid for the period of the traineeship prior to your arrival to the Delegation

TRAINEESHIP AGREEMENT

(to be concluded at the beginning of the traineeship)*

Name of Supervisor: ……

Section/Department: ……

Special interest area: ……

Dates of internship: from …./…./…….. until …./…./……..

Educational objectives *(learning and training objectives):*

1. ….
2. ….
3. ….

Tasks assigned to the trainee in order to attain these objectives :

1. ….
2. ….
3. ….

Working conditions:

Maximum weekly working time: ……. hours/week

Working days: ……

Holidays entitlement: 2 days per month and public holidays as fixed for the officials of the Delegation. Any leave should be consulted with and agreed by the Traineeship Supervisor/ Counsellor.

In the view of the non-remunerated traineeship in the EU Delegation, I agree on the following:

1. While working for the EU Delegation, I will make the best use of my knowledge acting according to the internal rules at the Delegation. I will be working under the direct supervision of the Traineeship Supervisor/ Counsellor, following his/her advice and guidelines;

2. I am aware of the fact that as unpaid trainee, I am not entitled to receive any kind of salary, wage or benefit, or any other material compensation in connection with the performance and completion of my duties as a trainee. I fully understand that the Delegation has no contractual or employment relationship with trainees, and that my traineeship does not include any promises or expectations for employment in the EU institutions;

3. I confirm that I have sufficient financial resources to cover my expenses during the traineeship period, and that I have adequate insurance and medical coverage (insurance against sickness expenses, against the risk of accident and for repatriation);

4. I commit myself to maintain absolute discretion regarding any information, correspondence or documents of which I become aware in the context of my presence in the Delegation;

5. I understand that I have no authority to act on behalf of the Delegation or its officers and employees, and that I shall not represent the EU at any event or to be a party to any statement, interview or publication relating to matters dealt with in the course of my assignment;

6. As an expatriate, I am fully aware of the security situation of the country of my traineeship, and more particularly concerning the choice of my accommodation. I confirm that I will look for my accommodation taking into consideration its security;

7. If I am a student, I confirm that the traineeship program at the Delegation is undertaken by me in furtherance of my education and for no other purpose.

Signature of Trainee:

Name:

Date:

Signature of the Supervisor:

Name:

Date: