**Application form for trainees**

**ERASMUS+ PROGRAM**

**KA106 LEARNERS AND STAFF MOBILITY**

**2021-2027**

Søknaden sendes til din bedrift eller opplæringskontor.

Ved å sende inn dette søknadsskjemaet samtykker du i at personopplysningene du oppgir kan anvendes av fylkeskommunen i behandlingen av søknaden jf. Personvernforordningen art. 6, nr. 1, bokstav a. Opplæringskontor/ lærebedrift har også behov for å behandle og formidle personopplysningene videre ved et eventuelt tilbud om utenlandsopphold.

Samtykke kan trekkes tilbake. Tilbaketrekning av samtykke fører automatisk til at også søknaden trekkes tilbake.

Fylkeskommunen vil på bakgrunn av innsendte opplysninger kunne innhente informasjon fra fylkeskommunens interne datasystemer. Fylkeskommunen forholder seg til forvaltningslovens bestemmelser om taushetsplikt.

Før du sender inn søknadsskjemaet må du ha avklart med din lærebedrift at et eventuelt utenlandsopphold lar seg tilpasse til din planlagte opplæring i bedriften.

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| --- | --- | --- | --- | --- | --- | --- |
| **1 Apprentice name and contact information** | | | | | | |
| First name, last name:  Female (F)/Male (M) | |  | | | | |
| Day of birth: (dd.mm.åååå) | |  | | | | |
| Address: | |  | | | | |
| Postcode:  City: | |  | | | | |
| Phone number: E-mail: | |  | | | | |
| Emergency contact information: **(Name address, e-mail and phone number for your close relatives for use in emergency)** | | | | | | |
| **2 Your ongoing education** | | | | | | |
| Subject: | | | Learning agreement (lærekontrakt) is valid until: | | | |
| Learning Company: | | | | | | |
| Learning Company address:  Postcode: City: | | | | | | |
| Contact person at learning company:  Name:  Phone:  E-mail: | | | | | | |
| Is your learning company a member in an training office (opplæringskontor)? YES / NO  The name of the training office: | | | | | | |
| Contact person at training office:  Name:  Phone:  E-mail: | | | | | | |
| **3 Letter of Motivation to learning mobility abroad**. Please, give us a few words about your self, what would you like to gain from staying and working in a company abroad, meeting new colleagues, new mentor and new people? | | | | | | |
|  | | | | | | |
| **4 Staying for a long time away from your home and** friends Please think well and describe how you will manage the missing of your family, your friends from the beginning of your stay abroad? | | | | | | |
|  | | | | | | |
| **5 Language skills: Please describe your foreign language knowledge** | | | | | | |
| **Language** | **Sufficient** | | | **Good** | **Very Good** | **Excellent** |
| English (Oral) |  | | |  |  |  |
| English (writing) |  | | |  |  |  |
| German (Oral) |  | | |  |  |  |
| German (Writing) |  | | |  |  |  |
| Spanish (Oral) |  | | |  |  |  |
| Spanish (Writing) |  | | |  |  |  |
| Italian (Oral) |  | | |  |  |  |
| Italian (Writing) |  | | |  |  |  |
| Other language |  | | |  |  |  |
| **6 Destination for learning mobility**: Please describe to which country and period of time you wish to travel for workplacement | | | | | | |
|  | | | | | | |
| **7 Signatures**: | | | | | | |
| Apprentice:  Contact person in learning company:  Date and place: | | | | | | |