

**ACER Traineeship Programme  
 ACER/TRAINEE/2019/OC**

**APPLICATION FORM**

*[Please fill all the fields in ENGLISH]*

**1. APPLICANT'S PERSONAL DATA**

|                     |   |             |  |
|---------------------|---|-------------|--|
| SURNAME             |   | FORENAME(S) |  |
| MAIDEN NAME         |   |             |  |
| PRESENT NATIONALITY |   |             |  |
| GENDER              | <input type="checkbox"/> Male <input type="checkbox"/> Female |             |  |

|                |  |                  |  |
|----------------|--|------------------|--|
| DATE OF BIRTH  |  |                  |  |
| PLACE OF BIRTH |  | COUNTRY OF BIRTH |  |

**2. PERMANENT ADDRESS AND CONTACT DETAILS**

|               |  |         |  |
|---------------|--|---------|--|
| STREET/N°     |  |         |  |
| POSTCODE/ZIP  |  |         |  |
| TOWN/PROVINCE |  | COUNTRY |  |

|               |  |              |  |
|---------------|--|--------------|--|
| TELEPHONE     |  | MOBILE PHONE |  |
| EMAIL ADDRESS |  |              |  |

**3. Please clearly indicate below the Team/Profile of your choice.**

***(Please indicate max. 2 teams, stating the preference. Please consult the Traineeship call for conditions of the traineeship).***

|           |  |
|-----------|--|
| 1. CHOICE |  |
| 2. CHOICE |  |

| <b>Team/Profile</b> |   |
|---------------------|---|
| 1.                  | <b>Press and Communications</b>   |
| 2.                  | <b>Human Resources</b>  |
| 3.                  | <b>IT</b>   |
| 4.                  | <b>Policy</b>   |
| 5.                  | <b>Market Analysis</b>  |
| 6.                  | <b>Data Analysis</b>  |
| 7.                  | <b>Gas Security of Supply</b>   |
| 8.                  | <b>System Operation and Grid Connection</b>                                       |
| 9.                  | <b>Regulation on Electricity Market Integrity and Transparency (REMIT) Policy</b> |

**4. EDUCATION AND TRAINING (*add fields as necessary*).**

**Please enclose a copy of your university diploma when sending in your application.**

|  |       |  |     |  |
|--|-------|--|-----|--|
| DATES  | From: |  | To: |  |
| TITLE OF QUALIFICATION AWARDED                       |       |  |     |  |
| NAME AND TYPE OF ORGANISATION                        |       |  |     |  |
| LEVEL OF DEGREE                                      |       |  |     |  |
| LOCATION   |       |  |     |  |
| PRINCIPAL SUBJECTS AND ORGANISATIONAL SKILLS COVERED |       |  |     |  |

|  |       |  |     |  |
|--|-------|--|-----|--|
| DATES  | From: |  | To: |  |
| TITLE OF QUALIFICATION AWARDED                       |       |  |     |  |
| NAME AND TYPE OF ORGANISATION                        |       |  |     |  |
| LEVEL OF DEGREE                                      |       |  |     |  |
| LOCATION   |       |  |     |  |
| PRINCIPAL SUBJECTS AND ORGANISATIONAL SKILLS COVERED |       |  |     |  |

## 5. PROFESSIONAL EXPERIENCE

**a) Have you already worked for a European Institution or Body?**

Yes     No

**b) Please list all your professional and traineeship experiences. (add fields as necessary)**

|                                |   |   |   |  |
|--------------------------------|---|---|---|--|
| DATES                          | From:                                       |   | To:                                     |  |
| NAME OF EMPLOYER               |   |   |   |  |
| TYPE OF EMPLOYMENT             | <input type="checkbox"/> Paid trainee       | <input type="checkbox"/> Unpaid trainee     | <input type="checkbox"/> Voluntary work |  |
|                                | <input type="checkbox"/> Permanent employee | <input type="checkbox"/> Temporary employee | <input type="checkbox"/> Self-employed  |  |
|                                | <input type="checkbox"/> Other:             |   |   |  |
| DESCRIPTION<br>(MAX 100 WORDS) |   |   |   |  |

|                                |   |   |   |  |
|--------------------------------|---|---|---|--|
| DATES                          | From:                                       |   | To:                                     |  |
| NAME OF EMPLOYER               |   |   |   |  |
| TYPE OF EMPLOYMENT             | <input type="checkbox"/> Paid trainee       | <input type="checkbox"/> Unpaid trainee     | <input type="checkbox"/> Voluntary work |  |
|                                | <input type="checkbox"/> Permanent employee | <input type="checkbox"/> Temporary employee | <input type="checkbox"/> Self-employed  |  |
|                                | <input type="checkbox"/> Other:             |   |   |  |
| DESCRIPTION<br>(MAX 100 WORDS) |   |   |   |  |

## 6. SKILLS AND COMPETENCES

|   |  |
|---|--|
| COMPUTER SKILLS                         |  |
| TECHNICAL SKILLS AND COMPETENCES        |  |
| COMMUNICATION AND ORGANISATIONAL SKILLS |  |
| OTHER RELEVANT SKILLS                   |  |

## 7. KNOWLEDGE OF LANGUAGES

Please use the following self-assessment scale (\*) to indicate your level of knowledge:

| Language | Mother tongue(s) | C2 | C1 | B2 | B1 | A2 | A1 |
|----------|------------------|----|----|----|----|----|----|
|          |                  |    |    |    |    |    |    |
|          |                  |    |    |    |    |    |    |
|          |                  |    |    |    |    |    |    |
|          |                  |    |    |    |    |    |    |

(\*) *Common European Framework of Reference (CEF) level*

## 8. ADDITIONAL PERSONAL INFORMATION

Do you have a physical disability that may require special arrangements to be made if you are chosen?

Yes     No

If **YES**, please give details and indicate the nature of the special arrangements you believe would be necessary (1 page maximum):

---



---

**9. MOTIVATION LETTER (Max 250 words)**

Please justify your application and interest in the Traineeship Programme and provide any additional relevant information

**Declaration**

- I certify that the statements made by me in answer to the above questions are true, complete, and correct to the best of my knowledge and belief. I understand that any false statements or any required information withheld from this form may provide grounds for my exclusion from the Traineeship Programme or cancellation of my training if my application has been accepted.
- I enclose a copy of the university diploma

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_