**APPLICATION FOR PARTICIPATION IN THE PROJECT**

Scan to be sent to: eunice.admissions@put.poznan.pl by: **15.07.2025**

|  |  |
| --- | --- |
| Lp. | Name |
| 1 | Project title: Cooperation and Education within the EUNICE Alliance (WERSE) |
| 2 | Grant agreement number: BPI/WUE/2024/1/00016/U/0001 |
| 3 | Support for European Universities Programme is funded by the European Union and co-financed by FERS |

|  |  |
| --- | --- |
| Participant’s Data | First name: |
|  | Last name: |
| Gender (Female/Male/Other): |
| Date of birth: |
| Age at the time of joining the Project: |
| Education: |
| Department/Unit:  |
| Home university: |
| Special needs (e.g., support in transportation, assistance, appropriate facilities, architectural accessibility, specialist equipment such as for visually impaired persons): |
| I have experience from the past three years in implementing at least two international educational and mobility-support projects under EUNICE. This includes both substantive and administrative roles. (e.g., Erasmus+, EC, EUNICE4U)☐ Yes- list:☐ No |
| I confirm participation in at least two events in the past three years such as conferences, seminars, workshops, or courses within the European University framework:☐ Yes- list:☐ No |
| Strategy for using the acquired competences in relation to the activities of the EUNICE European University (describe the planned use of competences after the internship – max. 200 words): |
| I am actively involved in activities for the EUNICE European University (to be verified by the Project Officer at the partner university): ☐ Yes ☐ No |
| I am an administrative employee: ☐ Yes ☐ No |
| I have an official invitation from a PUT employee to carry out the internship: ☐ Yes ☐ No |
| I declare readiness to host an intern from the EUNICE European University (confirmed by supervisor – Annex No. 2 to the Regulations): ☐ Yes ☐ No |
| Participant's Contact Details | First name(s): |
| Last name: |
| Street: |
| Building number: |
| Apartment number: |
| Postal code: |
| Contact phone: |
| E-mail address: |
| Nationality:  |
| Home university in the EUNICE Consortium: |

..………………………………… …………………………………………………

PLACE AND DATE LEGIBLE SIGNATURE OF THE PROJECT PARTICIPANT