

## APPLICATION FORM FOR ERASMUS+ STUDENT MOBILITY FOR TRAINEESHIPS MOBILITY FOR HIGHER EDUCATION

*Kindly note that handwritten applications are not accepted.*

*The information provided in this form shall be processed in accordance with all applicable data protection legislation, including the provisions of the Data Protection Act and the General Data Protection Regulation, for Saint Martin's Institute of Higher Education to assess your application and suitability for mobility under the Erasmus+ Programme.*

### PERSONAL DETAILS

Last Name:

First Name:

SM No:

Course:

Current Year:

### LANGUAGE COMPETENCE

Mother Tongue:

Other Languages:

A1  A2  B1  B2  C1  C2   
A1  A2  B1  B2  C1  C2   
A1  A2  B1  B2  C1  C2

*Common European Framework of Reference for Languages see  
<http://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr>*

### EQUITY AND INCLUSION

*Participants with special needs are advised to express their needs in this application form. However, not stating this at application stage does not preclude you from applying for 'special needs funds' if they were required to purchase medicines, health products and/or health services during your mobility period abroad to sustain your living.*

I am an applicant with special needs (physical, mental or health-related conditions)

Yes  No

Applicant Declaration

I,  
information I have submitted in this form is accurate.

the undersigned, confirm that the

Signature in blue ink:

Date: