

ERASMUS APPLICATION FORM

ACADEMIC YEAR 20...- 20...

FIELD OF STUDY:

This application should be completed electronically

SENDING INSTITUTION	
Name of the Institution:	
Full Address of the Institution:	
Erasmus ID Code of the Institution:	
Erasmus Departmental Coordinator/International Coordinator	
Surname:	Name:
Tel.:	Fax:
E-mail:	
Erasmus Institutional Coordinator	
Surname:	Name:
Tel.:	Fax:
E-mail:	

STUDENT'S PERSONAL DATA	
Surname:	Name:
Place of birth:	Date of birth: ____ / ____ / _____
Nationality:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Current address:	
Tel.:	E-mail:
Degree of current program of study:	
Duration of Placement:	

BRIEFLY STATE THE REASONS WHY YOU WISH TO MATERIALIZE A TRAINEESHIP PERIOD

LANGUAGE COMPETENCE						
Mother tongue:		Language of instruction at home institution (if different): Please attach a document proving your competence in English. English is the language of instruction used in most academic programs at European University Cyprus.				
Other languages	I am currently studying this language		I have sufficient knowledge to follow lectures		I would have sufficient knowledge to follow lectures if I had some extra preparation	
	yes	no	yes	no	yes	no
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SENDING INSTITUTION

Student's Signature:

Erasmus Institutional Coordinator's Signature:

RECEIVING INSTITUTION

It is hereby acknowledge receipt of the application form, the proposed learning agreement, the candidate's competence in English, and the applicant's information form.

The above-mentioned student is provisionally accepted at our institution
 not accepted at our institution

Departmental co-ordinator's signature:

Erasmus Institutional co-ordinator's signature:

Date: ____ / ____ / ____

CONFIDENTIALITY UNDERTAKING

Student's Data Protection

1. I, the undersigned, hereby provide my consent to the processing of my personal information, which I have disclosed herein to the organisation EUROPEAN UNIVERSITY CYPRUS (hereinafter "EUC"), (i) by EUC and (ii) by the aforementioned organisations and/or institution(s) (hereinafter the "Institution(s)") for the purposes of: -
 - i. facilitating my student mobility required in the context of my program of studies, and/or
 - ii. communicating with me, either by post, telephone, email or any other way, regarding any information relating to my student mobility required in the context of my program of studies (hereinafter collectively referred to as the "Purpose").
2. I hereby acknowledge that, within the context of the performance of the Purpose, I may be required to provide personal information either to EUC and/or the Institution(s) (including, but not limited to, my medical history) which are classified as 'sensitive' for the purposes of European data protection law and for which there are additional restrictions on how organisation(s) may use and hold this information. EUC hereby confirms that it will always communicate to you the purposes for which EUC and/or the Institution(s) wishes to use your sensitive information when it is being collected, and, if necessary, obtain your consent at that time. In such cases, you will be able to withdraw your consent at any time.
3. For the avoidance of any doubt, the following apply: -
 - i. Any information and data provided herein by the undersigned to EUC and/or the Institution(s) and which will be used, either directly or indirectly, by EUC and/or the Institution(s) for the performance of the Purpose, shall at all times be identified, clearly marked and recorded by EUC and/or the Institution(s) as the personal data of the undersigned.
 - ii. All personal data acquired from the undersigned pursuant to this form shall be solely used by EUC and/or the Institution(s) for the performance of the Purpose and shall not be further processed or disclosed to any third party without the consent of the undersigned unless this is required and/or allowed pursuant to the provisions of the Regulation (EU) 2016/679 on the Protection of Personal Data and/or the provisions of the applicable local legislation in relation to the protection of personal data (as amended from time to time) and/or the provisions of any other applicable legislation.
 - i. The undersigned has been notified of his/her rights in relation his/her data contained herein. The aforesaid rights are outlined analytically in the Privacy Notice of EUC, a copy of which is available at <http://euc.ac.cy/en/legal/privacy-notice---gdpr>. For the avoidance of any doubt the undersigned hereby confirms that the undersigned is fully aware of his/her rights in relation to his/her data contained herein.

Confidentiality Statement

I the undersigned hereby confirm that I will maintain absolute confidentiality on any I information, whether oral or written, given to me during my practical training and will maintain this confidentiality even after the end of the period of my practical training.

For the avoidance of any doubt: -

1. I, the undersigned, understand that clients of the Institution(s) and/or aspects of their clinical program and/or personal lives are not to be discussed with persons not directly involved professionally with the client's case. This includes information that is contained in client files, written report drafts, and/or information gathered through clinical observations. Therefore, discussions regarding clients may be held only with faculty and students working with the client or in appropriate classroom discussions and not with other persons in any condition. In addition, general conversations regarding clients may not be held in the observation areas, in hallways or any other public area in which the conversation may be overheard by clients, parents or the public.
2. I, the undersigned, understand that protecting the principles of client confidentiality is my responsibility. I also understand that violations of the principles of confidentiality are considered serious and may result to negative and serious consequences for me personally as well as for my studies at EUC.
3. I, the undersigned, hereby confirm that I will, at all times, comply with and abide by the policies and values of EUC, including but not limited to the Privacy Policy of EUC, and I, at all times, will behave in accordance with the provisions of the Regulation (EU) 2016/679 on the Protection of Personal Data and/or the provisions of the applicable local legislation in relation to the protection of personal data (as amended from time to time) and/or the provisions of any other applicable legislation, concerning any personal data of any third party I may have access to during the period of my student mobility.

SENDING INSTITUTION

Student's Signature:
