IAESTE
TÜRKİYE

Student Nomination Form

OFFER REFERENCE NUMBER

PERSONAL INFORMATION

Family Name:		Date of Birth:	
First and/or Other Names:		Place of Birth:	
Address in Country of Current Residence:		Nationality:	
		Passport Number:	
Address During Terms:		Place of Issue:	
		Valid Until:	
Phone Number:		Do you have dual nationality?	Yes / No
If exist, Alternative Phone Number:		If yes, Nationality (2):	
Email:		Passport Number (2):	
Gender:		Place of Issue (2):	
		Valid Until (2):	

Do you have medical conditions that could prevent you from undertaking a traineeship?:	Yes / No
If yes, you have, give details in the right section.	

STUDY INFORMATION

University:	
General Discipline:	
Field of Study:	
Completed Years of Study:	
Total Years of Study:	
Skills:	

Knowledge of Languages (1 = Excellent, 2 = Good, 3 = Fair)

Language	Speaking (1-2-3)	Writing (1-2-3)

WORKING RELATED INFORMATION

Desired Period of Internship:	From:	Are you Required / Do you Wish to Prepare a Technical Report During the Internship Period :	Yes
	To:		No
Maximum Period of Availability for the Internship:	From:	Do you Wish IAESTE Committee Find Lodging for You:	Yes
	To:		No

DISCLAIMER

- I agree that the personal data, which has been provided to IAESTE, may be passed to IAESTE member countries (full members, associate members and cooperating institutions) and potential employers for the purpose of arranging my traineeship. Also my personal data may be provided to government authorities for the issuance of visa/work permit purpose.
- I am aware that I am not allowed to contact the company or the Receiving Country before being accepted. You are accepted for this training offer only after receipt of the IAESTE acceptance form.
- I understand that I am accepted for this training offer only after receipt of the IAESTE acceptance form.
- I confirm to assume all of the foregoing risks, and accept personal responsibility for any injury to my myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability or expense, of any kind or nature, that I may suffer arising out of or in connection with myself becoming exposed to or infected by COVID-19 while I am doing an IAESTE internship.
- I confirm that all the data I provide is correct.

Date:		Signature:	