**\*\*PLEASE COMPLETE SECTION 1 AND HAND TO YOUR PLACEMENT CO-ORDINATOR\*\***

**QUEEN'S UNIVERSITY BELFAST**

## ERASMUS PROGRAMME

**Work Placement Grant Application Form**

### 1 Personal Details – TO BE COMPLETED BY THE STUDENT

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** | | | | Mr Ms Miss |
| **Address**:        **Postcode:** | | | **(Term)** | |
| **Tel:**    (Home) | | | (Mobile) | |
| **Email:**          (Queen’s) | | | (Other) | |
| **Date of birth:** | | | **Student No:** | |
| **Nationality:** UK | Republic of Ireland | | Other  (give details) | |
| **Degree:**  eg. BA in English | | | **Academic Year of Erasmus Placement:** | |
| **Company Name:**  **Company Address:** | | | | |
| **City:** | | **Postcode:** | | |
| **Country:** | | **Tel number:** | | |
| **Proposed start date of Placement:**  dd/mm/yy | | **Proposed end date of Placement:**  dd/mm/yy | | |
| **Have you received an ERASMUS grant before?** (please check below x) Yes  No  **If yes, was your previous Erasmus grant awarded during a Bachelor, Masters or PhD degree?**  (please check x) Bachelor  Masters  PhD | | | | |
| **What will be your working language?**  **Have you or will you undertake a language preparation course?** (please check below x) Language course or modules at home university  Language course in host country  None | | | | |
| **Are you registered with Disability Services at Queen’s?**  (please check x)       Yes  No  **Do you have a disability, medical condition, mental health condition or learning difficulty which may require additional support arrangements?**  (please check x) Yes  No  If yes, please attach details | | | | |
| **Now sign the Declaration on Page 2** | | | | |
| **Payment will normally be made in Euros to your UK or Irish bank account. After you submit this form, we will contact you to confirm the level of funding available and to request your bank details.**  IT IS VERY IMPORTANT TO NOTE that under ERASMUS regulations, you will be required to repay the whole ERASMUS grant if you return early from your placement (ie. before at least 3 months) without good reason.  The only reasons normally accepted by the UK National Agency are those on medical grounds. Please note that failure to repay may result in suspension from the University. | | | | |
| **Declaration:**  **‘I understand that I have been nominated as an Erasmus student.  I understand that information will be shared between Disability Services, the Global Opportunities Team and my School at Queen’s, for the purposes of assessing support requirements.  I give my permission for my name and contact details to be shared with my host employer, the UK Erasmus National Agency and the European Commission, if necessary, for the purposes of administration of the programme. I understand that if I return from placement before 3 months I will be required to repay the Erasmus grant.’**    **Signature of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Please sign the declaration above, and pass to your School Work Placement Co-ordinator to complete Part 2** | | | | |

### 2 Work Placement Details: TO BE COMPLETED BY THE WORK PLACEMENT CO-ORDINATOR

|  |  |  |
| --- | --- | --- |
| **Is the work placement period abroad a necessary or optional part of this student’s degree course?**  (please check x) Necessary  Optional  **Will the placement be recognised as part of the student’s degree course and appear on the University transcript?**  (please check x) Yes  No  **Is the placement a British Council Language Assistant Placement?**  (please check x) Yes  No | | |
| **Type of Organisation:** | | |
| **Receiving Organisation Public Body?** | (please check x) Yes  No |  |
| **Receiving Organisation Not for Profit?** | (please check x) Yes  No |  |
| **School:** | | |
| **Name of Queen’s Placement Co-ordinator:** | | |
| **Placement Co-ordinator Email:** | | |
|  | | |
| **Signature of Placement Co-ordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date:** | | |

**Please return this form to the Global Opportunities Team, Student Guidance Centre,**

**at least 8 weeks before the placement start date.**

**A mobility grant will not be issued to the student unless a form is received.**

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| **For Global Opportunities use only:**  **Date Form received Entered on spreadsheet** |
| **Eligibility checked: \_Y / N\_ (check: registered student/not suspended/correctly nominated/previous grant)** |