



İSTANBUL  
SAĞLIK VE  
SOSYAL  
BİLİMLER  
MESLEK  
YÜKSEKOKULU

## ERASMUS PLACEMENT APPLICATION FORM

Please attach a  
recent passport  
photograph

Please answer all sections of the application form in block capital.  
Application must be made through the Erasmus Office.  
**Please fill out this form electronically!**

STUDENT PERSONAL DETAILS	
Name(s)	
Surname	
Turkish ID number	
Date of birth	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home address (including postcode)	
Term-Time address (if different)	
Home telephone	
Mobile	
E-mail address	

EDUCATION	
Study programme	
Year of study	
Grade Point Average (GNO)	

PLACEMENT APPLICATION	
Desired placement position(s)	
Availability (start date)	
Length of Placement (months)	

WORK EXPERIENCE (if you worked before)		
From (date)	To (date)	Employer, position at the company/short job description

PERIODS SPENT ABROAD (if you've ever been abroad)		
Year	Country	Purpose, length of period

LANGUAGE SKILLS					
1) Language _____	Fluent <input type="checkbox"/>	Good <input type="checkbox"/>	Moderate <input type="checkbox"/>	Limited <input type="checkbox"/>	None <input type="checkbox"/>
2) Language _____	Fluent <input type="checkbox"/>	Good <input type="checkbox"/>	Moderate <input type="checkbox"/>	Limited <input type="checkbox"/>	None <input type="checkbox"/>
3) Language _____	Fluent <input type="checkbox"/>	Good <input type="checkbox"/>	Moderate <input type="checkbox"/>	Limited <input type="checkbox"/>	None <input type="checkbox"/>
Will you, if necessary, be studying the language of the host institution before the placement period?				Yes <input type="checkbox"/>	No <input type="checkbox"/>

COMPUTER SKILLS		
Basic <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Advanced <input type="checkbox"/>

DESCRIBE YOUR BIGGEST ACHIEVEMENTS, CAREER AMBITIONS

WHAT DO YOU WANT TO GAIN FROM THE WORK EXPERIENCE PLACEMENT?

EXTRA CURRICULAR ACTIVITIES, INTERESTS ADDITIONAL INFORMATION IN SUPPORT TO THE APPLICATION

HEALTH DECLARATION	
Do you have a disability for which special arrangements may be needed to be considered for purposes of work?	Yes <input type="checkbox"/> No <input type="checkbox"/>

EMERGENCY CONTACT	
PERSON (relatives, family, close friend) TO BE NOTIFIED IN CASE OF EMERGENCY:	
Name, surname	
Home address	
Telephone(s)	

REFERENCES	
Please supply information of two references, who could be contacted if the further references are required	
<b>ACADEMIC REFERENCE</b>	
Name, surname	
Department/programme	
Telephone	
E-mail	
<b>WORK REFERENCE</b>	
Name, surname	
Company, position	
Telephone	
E-mail	

I CERTIFY THAT THE INFORMATION GIVEN IS CORRECT	
Student: _____	
Date: _____	(name, surname, signature)

CONFIRMATION	
International Relations Office	Date: _____
	<input type="checkbox"/> Suitable <input type="checkbox"/> Not Suitable
	If not suitable please specify:
	Signed By: _____