IAESTE TURKEY

**STUDENT NOMINATION** *Ref. No.*

# Personal Information

*Family name: Date of birth:*

*First and/or other names:*

*Address in country of current residence:*

*Phone no:*

*Alternative phone no: Email:*

*Gender: Nationality 1:*

*Passport expiration date: Nationality 2:*

*Passport expiration date:*

*Do you have medical conditions that could prevent you from undertaking a traineeship?*

# Study Information

*General Discipline: Languages:*

*Field of Study:*

*Completed years of study: Total years required:*

*University / College:*

*SKILLS:*

# Working related information

*Preferred period of training:*

*Maximum period of availability for the* -

*training:*

# 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 of the Receiving Country before being accepted.
* I understand that I am accepted for this training offer only after receipt of the IAESTE acceptance form.
* I confirm that all the data I provide is correct.
* 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.

*Date: Student's signature*