**FORM 1**

(Two pages)

|  |
| --- |
| **Personal information** |
| Last name |  |
| First name |  |
| Nationality(ies) |  |
| Date of birth (dd/mm/yyyy) |  |
| E-mail |  |
| Current city |  |
| Current country |  |
| **Latest/highest degree information** |
| Type and name of degree(e.g. M.Sc. in neuroscience) |  |
| Name of university/school  |  |
| City of university/school |  |
| Country of university/school |  |
| Date or expected date of graduation of Master’s degree or equivalent (dd/mm/yyyy) |  |

|  |  |
| --- | --- |
| Last name |  |
| First name |  |
| **Provide reference person information1** |
| Person 1 | Name |  |
| Type of relation2 |  |
| E-mail |  |
| Person 2 | Name |  |
| Type of relation |  |
| E-mail |  |
| Person 3 | Name |  |
| Type of relation |  |
| E-mail |  |

1 Reference persons may be contacted by EURIDOL

2 e.g. Internship supervisor