



European Funds
for Social Development



Republic
of Poland

Co-funded by the
European Union



APPLICATION FOR PARTICIPATION IN THE PROJECT

Scan to be sent to: eunice.admissions@put.poznan.pl by: 15.07.2025

Lp.	Name
1	Project title: Cooperation and Education within the EUNICE Alliance (WERSE)
2	Grant agreement number: BPI/WUE/2024/1/00016/U/0001
3	Support for European Universities Programme is funded by the European Union and co-financed by FERS

Participant's Data	First name:
	Last name:
	Gender (Female/Male/Other):
	Date of birth:
	Age at the time of joining the Project:
	Education:
	Department/Unit:
	Home university:
	Special needs (e.g., support in transportation, assistance, appropriate facilities, architectural accessibility, specialist equipment such as for visually impaired persons):
I have experience from the past three years in implementing at least two international educational and mobility-support projects under EUNICE. This includes both substantive and administrative roles. (e.g., Erasmus+, EC, EUNICE4U) ☐ Yes- list: ☐ No	
I confirm participation in at least two events in the past three years such as conferences, seminars, workshops, or courses within the European University framework: ☐ Yes- list: ☐ No	
Strategy for using the acquired competences in relation to the activities of the EUNICE European University (describe the planned use of competences after the internship – max. 200 words): 	
I am actively involved in activities for the EUNICE European University (to be verified by the Project Officer at the partner university): ☐ Yes ☐ No	



European Funds
for Social Development



Republic
of Poland

Co-funded by the
European Union



I am an administrative employee: ☐ Yes ☐ No

I have an official invitation from a PUT employee to carry out the internship: ☐ Yes ☐ No

I declare readiness to host an intern from the EUNICE European University (confirmed by supervisor – Annex No. 2 to the Regulations): ☐ Yes ☐ No

Participant's Contact Details	First name(s):
	Last name:
	Street:
	Building number:
	Apartment number:
	Postal code:
	Contact phone:
	E-mail address:
	Nationality:
Home university in the EUNICE Consortium:	

.....

.....

PLACE AND DATE
PARTICIPANT

LEGIBLE SIGNATURE OF THE PROJECT



European Funds
for Social Development



Republic
of Poland

Co-funded by the
European Union

