



# GRANT APPLICATION FORM

## Lifelong Learning Erasmus Student Placement

*This form must be approved and signed by the academic supervisor responsible for the student applicant.*

### 1. STUDENT DETAILS

Student Name: \_\_\_\_\_ LIT Student Number: \_\_\_\_\_

Full Title of Course: \_\_\_\_\_ Academic Department: \_\_\_\_\_

Status: Under Graduate  Post Graduate

Date of Placement: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Duration: \_\_\_\_\_ WEEKS (Minimum 13 - Maximum 52)

*If grant is approved, dates as submitted above will be issued in official contracts and used to calculate payment. Grant beneficiaries are required to notify LIT if actual start and finish dates differ from above.*

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M  F

Are you an Irish National or Irish Resident: YES  NO

Do you have an officially recognised disability? YES  NO

If applicable, please detail any special needs: \_\_\_\_\_

### 2. DETAILS OF RECEIVING/HOST ORGANIZATION

Name of Host Company: \_\_\_\_\_ Sector: \_\_\_\_\_  
(i.e. agriculture, manufacturing, tourism, etc.)

Address in full: \_\_\_\_\_  
\_\_\_\_\_

Country: \_\_\_\_\_ Region: \_\_\_\_\_ : \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Function within Company: \_\_\_\_\_

Phone number: \_\_\_\_\_ Website: \_\_\_\_\_ Email: \_\_\_\_\_

Number of workers in company:

S1 1-20,  S2 21-50,  S3 51-200,  S4 201-500,  S5 501-2000,  S6 2001-5000  S7 5001 +

Is this the first time that the company has received Erasmus placement students? YES  NO

Method of finding placement: I found the placement  Approached by company   
LIT organised the placement

Is the placement a compulsory part of your LIT course? YES  NO

Are you covered by college or other insurance? YES  NO

If so give details \_\_\_\_\_

Will you require language preparation? YES  NO

### 3. SUPERVISION AND MONITORING OF THE PLACEMENT (To be completed by academic supervisor)

Name of LIT Academic Supervisor: \_\_\_\_\_ Department: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Signature Academic Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

## ANNEX 1- WORK PROGRAMME

(To be completed by the student in conjunction with academic supervisor at LIT and receiving host company.)

### Vocational Training will be provided in the following area(s):

Please describe vocational training element. Include practical skills student will acquire.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### TASKS

Please list responsibilities and specific work tasks of the student on placement.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### Supervision/Monitoring and Evaluation

Please explain how supervision/monitoring and evaluation of the placement will be conducted.

By College: \_\_\_\_\_

- \_\_\_\_\_

By Company: \_\_\_\_\_

- \_\_\_\_\_