Please submit the application in word via e-mail and as hard copy signed and additional documents **personally & via e-mail** to the Project coordinator (find contacts on last page) until the deadline of **31st of August 2024:**

[northmacedonia@wusgermany.de](mailto:northmacedonia@wusgermany.de) **and** [boger@wusgermany.de](mailto:boger@wusgermany.de)

## Application for North Macedonia Career Transition Support Program

**Filled in by Counsellor/WUS:**

|  |  |
| --- | --- |
| **MKD** **-Number:** |  |
| **Date of Application:** |  |

1. **Applicant**  male:  female:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Surname**: |  | |  | Educational title: |  |
| **First** **name**: |  | |  | Date of birth: | please click to insert the date |
| Place/country of birth: | |  |  | Nationality: |  |

|  |  |
| --- | --- |
| **Address**: |  |
| Street: |  |
| Town: |  |
| Tel.: |  |
| Mobile: |  |
| Email: |  |

|  |
| --- |
| Please insert a current picture of yourself |

1. **Educational background:**

|  |
| --- |
| **2.1 Education** (please describe at which University or college, which degree you obtained, and the faculty / subject): |
|  |
|  |
|  |
| Degree: Doctorate\_     \_  Master of \_     \_\_\_ Bachelor of\_     \_\_\_\_ Other (diploma ect).\_     \_\_\_\_   |  | | --- | | Date or expected date of graduation: please click to insert the date     (Month/Year) |   **2.2 Professional experiences** (including student jobs, internships. Please mention the name of the institution/company, your position and the year of this occupation): |
|  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **2.3 Command of language** |  |  |  |
| **English:** | good ☐ poor | fair | poor |
| **German:** | good ☐ poor | fair | poor |
| (other languages) | good ☐ poor | fair | poor |
|  | good ☐ poor | fair | poor |

1. **Motivation-letter**

Please describe your desire/plan/objective at the beginning of the program.One of the criteria to be awarded the grant is that you express your potential to obtain good job opportunities afterwards. Please outline your future career plans or intentions, and explain how you will achieve your professional goals (if the space is not enough, please attach an extra sheet):

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1. **The internship**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| This internship will be my | first | | second | third |
| yes, I need assistance in finding an internship | | | no, I already have an internship If you already have an internship, please describe: | |
| **Institution / branch** (kind of industry / sector) | |  | | | |
| Name of organisation: | |  | | | |
| Name of supervisor / employer: | |  | | | |
| Address: | |  | | | |
| Town: | |  | | | |
| Mobile: | |  | | | |
| Email: | |  | | | |

Description of workplace / duties (please give examples of your internship place, what they are doing and what you want to learn during your internship)

|  |
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|  |

1. **Further Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **6.1** Active memberships in NGO, special interests, or extracurricular activities:   |  | | --- | |  | |  | |  | |
| **6.2** Any other relevant educational, academic and professional experience or training:   |  | | --- | |  | |  | |  | |
| **6.3** Where did you get the information from: it was suggested by (Person or Institution):   |  | | --- | |  | |  | |  | |

1. **Declaration**

I hereby declare the information given above and in the appendices to be true and complete. I have been informed that this application can only be accepted when all documents (s. Checklist final page) have been submitted. I confirm that I am aware of and accept the terms and conditions of the program.

I agree to the storage of all data contained in this application form and the appendices by WUS and all other parties involved with the processing of this application, and that this data as well as the decision about the application, including reasons for the decision, may be passed on to all parties involved in the implementation of this programs as well as those persons/institutions required for the decision making and also to the State Audit Office of North Rhine Westphalia.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Place, Date |  | Applicant’s handwritten signature |

1. **Application checklist**

Please send your application in English. **In addition to the form please attach these documents completely.** Please note that processing your application is not possible without all these documents. Thank you!

|  |  |  |
| --- | --- | --- |
| **Application Form** | **attached** | **will be submitted later** |

|  |  |  |
| --- | --- | --- |
| 1. Application-form in original |  |  |
| 2. CV (English) in tabular form (personal data sheet) |  |  |
| 3. School, further education and training certificates, certificates of other activities |  |  |
| 3a University degree and grades |  |  |
| 4. Photocopy of a valid passport / or ID-Card |  |  |
| 5. Certificate of enrolment at current University / certificate of studies |  |  |
| 6. Professor’s recommendation for a grant (in English or Macedonian) |  |  |
| **7. Internship contract** **Minimum content** of Internship contract (3 to 6 months):   * Name and Address of Company / Organisation * Name and Address of Participant * Start and Final Date * Working-Hours per Week,   Internship activity (Short information about the planned activities during the internship) |  |  |
| **8. Documents related to the particular type of grant** |  |  |
| 1. Career selection grant – Motivation Letter |  |  |
| * (Please describe the steps you intend to take for your future professional career and in how far this grant will help you achieve these milestones) (max 2 Pages) |  |  |
| **OR** |  |  |
| 1. Business start-up grant – Motivation Letter |  |  |
| * (Please describe your start-up idea. If you still have to design your proposal, please describe the field you would like to set up business in) (max 2 pages) |  |  |

**Please send the original application documents not later than see date mentioned above**

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| --- | --- |
| Mr.Dimitar Kaljoshevski / project coordinator in North Macedonia  **Office at Ss. Cyril and Methodius University, Institute of Chemistry, Arhimedova 5, Skopje 1000 / North Macedonia**  Tel:+389 72 227 940  **Email: northmacedonia@wusgermany.de**  Internet: www.career-northmacedonia.de | Dr. Julia Boger / project advisor Germany Goebenstraße 35  65195 Wiesbaden / Germany  Tel.: ++49 611 9446051  Fax: ++49 611 446489  **Email: boger@wusgermany.de**  Internet: [www.wusgermany.de](http://www.wusgermany.de) |

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