



JUNIOR PROFESSIONALS IN DELEGATION



HIGH LEVEL TRAINEESHIP PROGRAMME¹

APPLICATION FORM

Traineeship round 2026-2028

1. PERSONAL DATA*

Family name	First name
Date of birth (dd/mm/yyyy)	Place and country of birth:
Citizenship at birth	Other Citizenship (if applicable)
Gender Female Male Non-binary Prefer not to say	
Marital status	Maiden name (where appropriate)
Name(s) of dependents (who would follow you to the place of the traineeship) and type of relationship	
Contact address	
Permanent address (if not same as above)	
E-mail address	
Mobile phone 1 (+ Int. code)	Mobile phone 2 (+ Int. code)
Have you fulfilled any obligations imposed by the applicable laws concerning military service? YES NO	

2. FORMAL & INFORMAL EDUCATION

[Always start with the most recent degree]

2.1. UNIVERSITY STUDIES*

University name	Principal subjects
From / to (dd/mm/yyyy)	

¹ Pursuant to the Joint Decision of the European Commission and the High Representative of the European Union of 12.06.2012 establishing a High Level Traineeship Programme in the Delegations of the European Union, and the decision of the Chief Operating Officer of the EEAS on its implementing rules.

* compulsory information

Type of qualification and field of study	City, country	Thesis /dissertation
	Overall grade	

University name	Principal subjects	
From / to (dd/mm/yyyy)		

Type of qualification and field of study	City, country	Thesis / dissertation
	Overall grade	

University name	Principal subjects	
From / to (dd/mm/yyyy)		

Type of qualification and field of study	City, country	Thesis / dissertation
	Overall grade	

University name	Principal subjects	
From / to (dd/mm/yyyy)		

Type of qualification and field of study	City, country	Thesis / dissertation
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	Overall grade	
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2.2. INFORMAL EDUCATION / TRAINING RECEIVED *(optional)*

From / to (dd/mm/yyyy)	Name of organisation providing education and training (city, country)	Qualifications obtained, principal subjects/occupational skills covered

Papers or articles published *(optional)*:

2.3. VOLUNTARY ACTIVITIES & LONG STAYS ABROAD *(optional and only if relevant)*

From / to (dd/mm/yyyy)	Country, city	Brief description and activities

** compulsory information*

3. KNOWLEDGE OF LANGUAGES*

[Indicate your mother tongue(s) and level of knowledge of other languages.

Please use the following self-assessment scale: [Common European Framework of Reference for Languages](#)]

Mother tongue(s)

Other language(s)

	Understanding		Speaking		Writing	Certificate (if applicable)
Language	Listening	Reading	Spoken interaction	Spoken production		

4. PROFESSIONAL EXPERIENCE*

[Professional experience is considered as an asset and is not an eligibility criterion. If applicable, fill in the following sections, **starting with your present / most recent post**, and list in reverse order your previous employment.]

From / to (dd/mm/yyyy)	Full time	Part time	Address of employer
	Name of employer		
Occupation or position held			
Description of tasks and functions			

From / to (dd/mm/yyyy)	Full time	Part time	Address of employer
	Name of employer		
Occupation or position held			

* compulsory information

Description of tasks and functions

From / to (dd/mm/yyyy)	Full time Part time	Address of employer
	Name of employer	

Occupation or position held

Description of tasks and functions

From / to (dd/mm/yyyy)	Full time Part time	Address of employer
	Name of employer	

Occupation or position held

Description of tasks and functions

From / to (dd/mm/yyyy)	Full time Part time	Address of employer
	Name of employer	

Occupation or position held

Description of tasks and functions

** compulsory information*

From / to (dd/mm/yyyy)	Full time Part time	Address of employer
	Name of employer	
Occupation or position held		
Description of tasks and functions		

5. OTHER INFORMATION *(optional)*

IT skills	
Other relevant skills and competences	

6. REFERENCES* *(Please indicate at least one reference.)*

Name and title	Name and title	Name and title
Employer	Employer	Employer
E-mail address	E-mail address	E-mail address
Telephone number	Telephone number	Telephone number

[The applicant hereby gives consent for the EEAS/Commission to contact the persons referred to above, if necessary, in connection with the application for the JPD Traineeship Programme. The applicant undertakes to inform the persons whose names they have given as references that their details have been sent to the EEAS/Commission and may be processed in the context of the JPD Traineeship Programme in compliance with Regulation (EU) 2018/1725 on the protection of natural persons with regard to the processing of personal data by the Union institutions, bodies, offices and agencies and on the free movement of such data.]

7. GEOGRAPHICAL REGIONS of preference *

Please read carefully the standard description of the training assignments for the EEAS and the Commission functions.

I apply for a traineeship position

(tick 1 box as appropriate).

to the EEAS: political functions, press and information

or

to the Commission: international partnerships, project/programme management, humanitarian affairs, etc.

Introduce geographical region(s) in your order of preference. Please note that this expression of interest does not guarantee an assignment in one of the preferred regions or domain of activities.

Preference order	Geographical region	Preferred domain of activities
1.		
2.		
3.		

8. MOTIVATION * *(max. 3000 characters with spaces)*

* compulsory information

9. DECLARATION BY THE APPLICANT *

I, the undersigned, give my word of honour that the information provided in this application form is, to the best of my knowledge, true, complete and accurate on the date specified. I further declare that:

- I have read and understood the Joint Decision of 12 June 2012 of the European Commission and the High Representative of the European Union establishing this High Level Traineeship Programme, as well as its implementing rules adopted by the Chief Operating Officer of the EEAS in agreement with the Directors-General of DG DEVCO and DG HR of the European Commission (as published on the EEAS website);
- I am a citizen of a Member state of the European Union and I enjoy my full rights as a citizen;
- I have fulfilled any obligations imposed by the applicable laws concerning military service;
- I meet the character requirements for a traineeship within a Union Delegation;
- I am, to the best of my knowledge, physically fit to perform a traineeship in the geographical regions I have identified in this application form among my preferences;
- I understand and give my consent that the entire process is based on this application, which I undertake to send only to the competent national authorities of the Member State to which I have decided to submit my application; and that the pre-selection process is implemented under the sole responsibility of the above Member State and entails no commitment or involvement on the part of the EEAS or the Commission; Hence I cannot lodge a complaint to the EEAS or the European Commission for any pre-selection decision taken by the above Member State;
- I hold at least a university degree equivalent to a Master's degree in a domain relevant to the activities of the Union Delegations; I possess the proven capacity to communicate in the languages of the CFSP and external relations necessary for my integration into the professional environment in a Delegation; I undertake to submit, as soon as requested, any documents in support of the above statements and declarations in this application form;
- I give my consent to the EEAS and the Commission to contact, if necessary, any of the universities, enterprises, institutions, establishments or persons given as references in connection with my application for this traineeship programme;
- I realise that any false statement or omission and failure to answer the compulsory questions (marked *), even if unintended on my part, may lead to the cancellation of my application or may cause the termination of my traineeship;
- I have read and understood the [EEAS EC Joint Privacy Statement - Data protection notice for the purpose of selection, recruitment and administrative management for Junior Professionals in the EU Delegations \(JPDs\)](#). I consent to my details being stored electronically and in paper.

Please confirm that you agree to the declaration above, enter your name in the boxes below, print this form, sign it and send a scanned copy by e-mail as per the instructions.

Full Name:

Date and place:

Signature (followed by the handwritten mention "read and approved"):

Do not attach any other supporting documents at this stage.