



**European Space Agency Traineeship Opportunities**

**Application Form 2019 – 2nd Call**

Version 2.0

**Notes to Applicants**

1. Applicants are expected to read the associated rules of the scheme, which may be downloaded from MCST’s website. Such rules provide the framework for the implementation of this scheme and the award of Traineeships within.
2. The personal data collected by the Malta Council for Science and Technology via this written application and its subsequent processing by the Council is in line with:
3. The relevant rules of the scheme;
4. Data Protection Act, Chapter 440 of the Laws of Malta and Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation).

1. Complete this form electronically. Any additional data can be placed in an appendix at the end of the proposal and referenced accordingly. Each appendix must not be longer than 2 pages each. Do not change the format of this application form. Please delete the guidelines in italics before submitting your proposal.
2. Only application forms which are complete and that include all relevant supporting documents will be considered.
3. The complete application form is to be printed, signed in section 19, scanned and sent to [space.mcst@gov.mt](mailto:space.mcst@gov.mt) by **close of business 10th September 2019**. Applicants are reminded to also send the documentation referred to in section 18.

Alternatively, printed documents may be sent by post to:

Stephen Grixti

Senior Executive on Space Initiatives

Malta Council for Science and Technology

Villa Bighi

Kalkara, KKR1320, Malta

1. The *letter of reference template*, in annex of this document, is to be used by two referees selected by the applicant. The completed reference letters are to be sent by the referees (separate from the application) to either of the aforementioned addresses.

**ESA Traineeship Opportunities 2019 - Application Form**

|  |  |
| --- | --- |
| **1**. Name Click or tap here to enter text. | |
| **2.** Surname Click or tap here to enter text. | |
| **3.** Nationality Click or tap here to enter text. | |
| **4.** Address Click or tap here to enter text. | |
| **5.** Post Code Click or tap here to enter text. | |
| **6.** I.D. Card Number  Click or tap here to enter text. | **7.** E-Mail Address  Click or tap here to enter text. |
| **8.** Mobile Number Click or tap here to enter text. | | |
| **9**. Gender  Male  Female | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **10.** Details of present and previous work experiences (if any) | | | |
| Name of Employer | Post title | | Date of employment |
| A. Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap to enter a date. |
| B. Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap to enter a date. |
|  |  |  |  |
| **11**. Details of degrees, postgraduate degrees and other professional qualifications | | | |
| Name of Institution | Course | Classification | Date when awarded |
| 1. Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
| 1. Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
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| **12**. Courses undertaken locally and/or abroad additional to Item 11 *(if any*): | | | | |
| Name of Institution | Awarding  Body | Course | Dates | Certificates/Diplomas |
| 1. Click or tap here to enter text. |  |  |  |  |
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| 1. Click or tap here to enter text. |  |  |  |  |
| **13**. ESA Research opportunity you are applying for, in order of preference.  Opportunity details are available within the annex to the rules of this scheme. | 1st Preference: Choose an item.  2nd Preference: Choose an item.  3rd Preference: Choose an item. | | | |
| **14**. Please provide a short description of current or previous research/work you have undertaken in the areas specified in section 13, with particular reference to the 1st preference selected in section 14. (minimum 500 words)  Click or tap here to enter text. | | | | |
| **15**. Please demonstrate how your experience, skills and achievements both inside and outside work or through study, make you believe you are a suitable candidate for this traineeship. Make particular reference to the 1st preference in section 14. Please ensure that you provide sufficient information to describe how you think you could benefit from the scheme (minimum 500 words).  Click or tap here to enter text. | | | | |
| **16**. Please write a short description of how you intend to exploit in Malta any learning outcomes resulting from your ESA Traineeship.  Click or tap here to enter text. | | | | |
| **17.** Name of two academic / professional referees  As required by section 7.4 of the Call Rules  Please include their Titles, Names and Positions  1. Click or tap here to enter text.  2. Click or tap here to enter text. | | | | |
| **18.** I enclose with this application the following documents:  Please tick the boxes if the documents are attached. If they are not attached, please specify the reason why they are not attached.  **Applicant’s University/College transcripts (detailed);**  **MQRIC evaluation reports (where applicable);**  **Copy of the Identity Card (both sides); and**  **Curriculum Vitae.**  Click or tap here to enter text. | | | | |
| **19.** Declarations  I declare that I am a citizen of Insert country name.;  I declare that I am not the holder of any other scholarship at the time of application;  I also declare that all details in this application form are correct and accurate.  Applicant’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

**Annex**

**Letter of Reference Template**

To be completed by two referees and sent separately

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**European Space Agency (ESA) Traineeship Opportunities**

**LETTER OF REFERENCE**

**A. TO BE FILLED BY CANDIDATE**

**1**. Name of Candidate: Click or tap here to enter text.

**2**. Candidate I.D. Card No.: Click or tap here to enter text.

**B. TO BE FILLED BY APPRAISER**

**3.** In what capacity do you know the applicant (e.g. teacher, supervisor, senior colleague, etc.)

Click or tap here to enter text.

**4.** How long have you known the candidate?

Click or tap here to enter text.

**5.** When you compare the candidate’s capabilities with those of his/her peers, in which group would you rank the candidate?

Top 5%  Top 15%  Top 25%

**6.** Evaluation of the candidate’s performance.

Please mark with an ‘x’ in the appropriate box. The referee might like to add other qualities, apart from those listed below, which might be relevant to the assessment of the candidate, such as, leadership, accountability, etc.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Outstanding** | **Very Good** | **Good** | **Average** | **Below Average** | **Inadequate** |
| Academic Record |  |  |  |  |  |  |
| Analytical skills |  |  |  |  |  |  |
| Research Ability |  |  |  |  |  |  |
| Teamwork |  |  |  |  |  |  |
| Dependability |  |  |  |  |  |  |
| Adaptability |  |  |  |  |  |  |
| Motivation |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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**7**. Elaborate on the assessment above and describe the candidate’s characteristics and performance in class or at his/her place of work. Mention any shortcoming that would hinder the candidate from deriving maximum benefit from the Traineeship applied for.

Click or tap here to enter text.

**8.** Elaborate on how you believe the Traineeship would assist the candidate in his/her future career.

Click or tap here to enter text.

Name of Referee: Click or tap here to enter text.

Position held: Click or tap here to enter text.

Email: Click or tap here to enter text.

Contact number: Click or tap here to enter text.

Referee Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The information given in this form is confidential and should be signed, scanned and sent to the Malta Council for Science and Technology at [space.mcst@gov.mt](mailto:space.mcst@gov.mt) by **close of business 10th September 2019.**

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