



EUROPEAN CENTRAL BANK

EUROSYSTEM

PERSONAL DETAILS UPON APPOINTMENT (TRAINEES)

(PLEASE COMPLETE THIS FORM IN DETAIL)

Personal Data	
1. Trainee	
<input type="checkbox"/> Mr <input type="checkbox"/> Ms Surname	
First name(s) Maiden name	
Date of birth (<i>dd/mm/yy</i>) Place of birth (<i>city/country</i>) Present nationality(ies)	
Has your nationality ever been changed or is it in the process of being changed? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, please explain:	
<u>Home Address</u> Street/House No: Postcode/City: Country: Tel. Number:	<u>Address in Frankfurt Area</u> Street/House No: Postcode/City: Tel. Number: <input type="checkbox"/> This is my temporary accommodation and I hereby claim the monthly lump-sum. I will attach the rental agreement in my name as separate document. <i>(only for Trainees recruited >50km away from Frankfurt and who are not staying in an ECB-provided hotel)</i>
Telephone (mobile): Telefax:	Telephone (mobile): Telefax:
<u>Emergency contact</u> <i>Person to be contacted</i> First/Last name: Street/House No: Postcode/City: Country: Tel. Number: E-mail:	<u>Fiscal Residence</u> <i>i.e. the country where you have filled your tax declaration before joining the ECB or other EU institution</i> Street/House number: Postcode/City: Country:

Marital status	<input type="checkbox"/> single	<input type="checkbox"/> married	<input type="checkbox"/> recognised partnership
	since/...../.....	since/...../.....	since/...../.....
	<input type="checkbox"/> Divorced	<input type="checkbox"/> separated	<input type="checkbox"/> widowed
	since/...../.....	since/...../.....	since/...../.....

I declare that all the information given on this form is correct and complete to the best of my knowledge and belief. I understand that any false statement, misrepresentation or material omission made in this form or other document requested by the ECB may provide grounds for the withdrawal of any offer of appointment or render me liable for termination or dismissal, if employed.

I authorise the ECB to retain and process this information in accordance with the Regulation (EU) 2018/1725 of the European Parliament and of the Council of 23 October 2018 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, and repealing Regulation (EC) No 45/2001 and Decision No 1247/2002/EC. I reserve the right to have access to this information and to rectify it where necessary.

Medical Cover for the Trainees of the ECB

I would like to **opt out** of the ECB’s Medical Cover for Trainees (irrevocable decision)

(Please enclose a copy of the alternative coverage to this form (i.e. Letter from health insurance confirming coverage or a copy of the European Health Insurance Card)

If you request to join at a later stage because you are no longer covered by your alternative coverage for reasons beyond your control (e.g. cease of coverage due to change in national legislation) or because you are offered an extension of the trainee contract, please use the form available for registering for the medical coverage for trainees, available on the ECB’s Newcomer’s corner intranet page.

I would like to **join the ECB’s Medical Cover for Trainees** and I have read the rules governing the reimbursement of medical expenses for Trainees, and agree to pay the monthly premium according to the conditions posted on the ECB Newcomer’s corner intranet page.

Important to know:

While working for the ECB your tax residence remains unchanged. While your trainee grant will not be taxed through the ECB for the benefit of the European Communities, you should clarify your reporting obligations with your national tax authorities in your tax residence.

Date:/...../.....

Signature: