**RESIDENCE PERMIT FOR THE PURPOSE OF TRAINEESHIP**

**SUBMITTED**

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| **GENERAL ENCLOSURES** | YES | NO |
| Duly filled and signed application form for residence permit and Appendix 9.16 –find it on the website of National Directorate-General for Aliens Policing of Hungary :  <http://oif.gov.hu/index.php?option=com_k2&view=item&layout=item&id=2242&Itemid=2467&lang=en> |  |  |
| Valid passport and the previous (old) passports (at least 2 blank pages in the valid passport are needed and the passport has to be issued within the previous 10 years). The validity period of the valid travel document must have at least three months remaining at the time the authorized duration of residence expires. |  |  |
| If you are minor and travel alone: both parents’ statement declaring that they do not have any objection on the child traveling abroad alone. |  |  |
| Statement undertaking the commitment of voluntary exit if the residence permit will expire. |  |  |
| Valid travel insurance. |  |  |
| Police Clearance Certificate. |  |  |
| Birth certificate in English with Apostille Attestation. |  |  |
| CV in English. |  |  |
| Signed motivation letter in English. |  |  |

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| **DOCUMENTS EVIDENCING THE PURPOSE OF RESIDENCE**  **(MANDATORY)** | YES | NO |
| A **traineeship contract** with the host organization, |  |  |
| A **diploma** of higher education or a **certificate of active student status** issued by a higher education institution, and |  |  |
| A **certificate of language proficiency** or a certificate/diploma of foreign language studies, or other credible means of proof. |  |  |

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| **DOCUMENTS EVIDENCING SUBSISTENCE** | YES | NO |
| A **certificate from a credit institution** under the applicant’s name (e.g. a bank account statement, an account statement on savings or stocks and bonds, bank balance statement), |  |  |
| A **notarized declaration** made by a member of the applicant's family undertaking to provide for the maintenance and support of the applicant and a document certifying **the ability of the person providing support**, |  |  |
| a certificate regarding the award/payment of the **scholarship**. |  |  |
| Document as proof of family relationship (if your family member provides financial coverage for the time of residing in Hungary) |  |  |
| Document in proof of the ability to provide support from the part of the family member promising support to you (bank account balance statement, income certificate, etc. of the family member). |  |  |

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| **DOCUMENTS PROVING THE EXISTENCE OF HUNGARIAN ACCOMMODATION** | YES | NO |
| A real Hungarian address must be declared as accommodation on the application form. |  |  |

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| **DOCUMENTS EVIDENCING COMPREHENSIVE HEALTHCARE SERVICES** | YES | NO |
| A copy of the social security card issued by Hungarian authorities or |  |  |
| Business health insurance policy allowing access to comprehensive healthcare services and a document in proof of paying the insurance fee or |  |  |
| Bank account balance statement on the coverage for possible healthcare service costs. |  |  |

***Note:***

* + ***Only original documents are accepted.***
  + ***Please bring one extra set of Photocopy of all the documents you wish to submit. Also bring full copy of the valid passport.***
  + ***The Embassy reserves the right to request further documentation.***

Contact of applicant (Tel): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (applicant): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SO Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_