**Application form part 1**

|  |  |
| --- | --- |
| Name |  |
| Age |  |
| Address to workplace |  |
| Phone number to workplace |  |
| E-mail to workplace |  |

|  |  |
| --- | --- |
| Current employment or connection to Chalmers University of Technology or University of Gothenburg  |  |
| Department affiliation |  |
| Type of employment |  |
| Number of years employed |  |

|  |  |
| --- | --- |
| References to supervisor or other person who can provide information about the work for which the application is intended.  |  |