



UNIVERSITY OF WEST ATTICA

DIRECTORATE OF STUDENT WELFARE

CAREER, LIAISON & INNOVATION OFFICE

Electronic Protocol-.....Date:...../...../202..... Data entry date:.....Registry Number:.....

4.3.2 INVENTORY CARD/CENSUS BENEFICIARY FORM

1. PERSONAL DETAILS

Surname:		Name	
Father's Name		ID Number	
Date of Birth	__/__/__	Place of Birth	
Home Address		City	
Phone Number/ Mobile / Fax			
E-mail			
Facebook – Skype/msn			
Marital Status	Single <input type="checkbox"/>	Married	<input type="checkbox"/>
Military Services	Not started <input type="checkbox"/>	Completed	<input type="checkbox"/>
	Incomplete / Finishing date: __/__/__		
Person with disability			

2. STUDIES

Institute		Faculty	
Department			
Admission Year		Graduation Year	
Thesis Title			
Status	Graduate <input type="checkbox"/>	Student	<input type="checkbox"/>
	Semester: _____		

Fill according to the reason for visiting A, B, C.

A. Application for Employment in Greece or abroad

Postgraduate Studies			
Degree	Title	Institution	Years of Study
Other Studies (universities, colleges, vocational training institutes)			
Year	Institution	Faculty	Department
			Specialty
Seminars – Additional education			
Duration	Field	Institution	
Additional Languages			
	Knowledge Level	Degree	
English			
French			
German			
Italian			
Spanish			
Other			
Computer Skills			
Programming Languages		Software Packages	
Q Basic <input type="checkbox"/>	HTML <input type="checkbox"/>	Ms Office <input type="checkbox"/>	Matlab <input type="checkbox"/>
		Operating Systems	
		Windows <input type="checkbox"/>	

(+30)2105381294 – 5



clio@uniwa.gr



<http://clio.uniwa.gr>



Τμήμα Διασύνδεσης, Διαμεσολάβησης & Καινοτομίας ΠΑΔΑ



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Visual Basic	<input type="checkbox"/>	Assembly	<input type="checkbox"/>	Autocad	<input type="checkbox"/>	Lab View	<input type="checkbox"/>	Unix	<input type="checkbox"/>
C++	<input type="checkbox"/>	Oracle	<input type="checkbox"/>	Corel Draw	<input type="checkbox"/>	Eurofasma	<input type="checkbox"/>	Linux	<input type="checkbox"/>
Java	<input type="checkbox"/>		<input type="checkbox"/>	Photoshop	<input type="checkbox"/>	Defacto	<input type="checkbox"/>		<input type="checkbox"/>

Other:

INTERNSHIP TRAINING AND EXPERIENCE

Duration	Enterprise Details	Type of Employment	Position

JOB SEARCH

Employment Status	Open-ended work	<input type="checkbox"/>	Seasonal	<input type="checkbox"/>	Part time	<input type="checkbox"/>
	Fixed Term	<input type="checkbox"/>	other	<input type="checkbox"/>		<input type="checkbox"/>
Employed	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>	Desired Country	Greece	<input type="checkbox"/>
Driving licence	<input type="checkbox"/>	Personal vehicle	<input type="checkbox"/>	Country	Abroad	<input type="checkbox"/>
Other:.....						

B. Educational Information

Information for:

Postgraduate Studies	<input type="checkbox"/>	Scholarships	<input type="checkbox"/>	Admission into Tertiary Institutions	<input type="checkbox"/>
Seminars	<input type="checkbox"/>	Professional Rights	<input type="checkbox"/>		<input type="checkbox"/>
Country of interest for postgraduate studies					
GREECE	<input type="checkbox"/>	FRANCE	<input type="checkbox"/>	USA	<input type="checkbox"/>
UK	<input type="checkbox"/>	GERMANY	<input type="checkbox"/>	other:	<input type="checkbox"/>
Postgraduate field:					

C. Counseling Services

REASONS TO VISIT

Individual meetings	Information about the counseling activities	
	Counseling on personal issues	
	Counseling on career / education (indicate the subject)	
	Disabled (indicate the subject)	
	Counseling using psychometric tools	
Group Meetings	Mentoring	
	CV creation / cover letter - technical job placement	
	Preparation for an interview	
	Reference letter	
	Preparing for interview for postgraduate studies	
	Mentoring Services	
	Other (Alumni, etc)	

Suggestions for other activities that the Liaison Office could develop



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Declaration of accuracy and acceptance: I hereby declare that I accept the Code of Ethics of Uniwa Career, Liaison & Innovation Office and authorize CLIO UNIWA to provide information concerning myself. Furthermore, I would like to receive the electronic journal etc. Sensitive personal information can be managed by authorized personnel only.

Application Date : __ / __ / ____

Stamp - Signature

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