



PROOF OF TRAINING OR EMPLOYMENT FOR **epi** STUDENTSHIP APPLICATION

Student applicant

(to be filled out by the student applicant)

Personal details:

Surname

First name(s)

Company Name

Company Address

Postal Code / City/Town

Country

Type of professional activities

I have started the following professional activities under the Regulation on the European qualifying examination for professional representatives (REE):

a training period under the supervision of a professional representative according to Article 11(2)(a)(i) REE

Please fill out the part under "Supervisor".

a period of employment according to Article 11(2)(a)(ii) REE

Please fill out the part under "Employer".

I am trained or employed

on a full-time basis

on a part-time basis

In case of part-time employment, please specify the percentage and the reasons:

Supervisor

(if applicable, to be filled out by the supervisor)

Personal details:

Your **epi** membership number (representative number for the EPO)

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Surname

First name(s)

Telephone No.

Email

Company Name

Company Address

Postal Code / City/Town

Country

Supervisor's declaration:

The period of training began on

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and will finish on

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I hereby confirm that the above mentioned student applicant is trained under my supervision in accordance with Article 11(2)(a)(i) REE and that all information given is correct. I undertake to inform the epi Secretariat without delay should any of this information change or cease to apply. I agree to allow **epi** to contact me regarding the application and regarding training for the EQE.

(Place and date)

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Signature of Supervisor

Employer

(if applicable, to be filled out by the employer)

Personal details:

Student applicant's General Authorisation Number:

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A list of European Patent Applications or patents (at least one) for which the candidate has represented his employer before the EPO must be annexed. A sample can be found under FAQ on the [EQE website](#).

Company / Employer's Name

Company Address

Postal Code / City/Town

Country

Telephone No.

Email

Employer's declaration

The period of training began on

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and will finish on

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I hereby confirm that the above mentioned student applicant is trained in our company in accordance with Article 11(2) (a)(ii) REE and that all information given is correct. I undertake to inform the epi Secretariat without delay should any of this information change or cease to apply. I agree to allow **epi** to contact me regarding the application and regarding training for the EQE.

Name and signature of the person entitled to sign for the company employing the candidate (e.g. president, authorised officer). **Proof of this entitlement must be annexed to the application.**

(Place and date)

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Full name / Signature of Employer

Student applicant's declaration

I hereby certify that the information given above is correct, and that I undertake to inform the epi Secretariat without delay should any of this information change or cease to apply. I acknowledge that failure to do so may result in rejection or cancellation of the studentship application. I agree to allow epi to contact me regarding the application and regarding training for the EQE.

Place

Date (dd.mm.yyyy)

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Signature of Student applicant