



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)

Address

Postal Code / City / Town

Country

Type of professional activity

If you are applying under Rule 4 (b)(i) (Rules governing **epi** Studentship)

I have **started** the following professional activities under the Regulation on the European qualifying examination for professional representation (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"

If you are applying under Rule 4 (b)(ii) (Rules governing **epi** Studentship)

I have **completed** the following professional activities under the Regulation on the European qualifying examination for professional representation (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 declare that I intend to sit the EQE as soon as possible within the time period specified in Rule 8 (Rules governing **epi** Studentship).

In case of part-time professional activities, please specify the percentage and the reason(s).

Supervisor

(to be filled out by the supervisor, according to Rule 4(b)(i) part 1 or, if applicable, Rule 4(b)(ii) part 1 (Rules governing **epi** Studentship))

Personal details

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

Surname

First name(s)

Telephone number

Email address

Company name

Company address

Postal Code / City / Town

Country

Supervisor's declaration

The period of training began on _____ and will finish on _____

I hereby confirm that the above mentioned student applicant is/was trained under my supervision in accordance with Article 11(2)(b)(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)

(Signature of Supervisor)

Employer

(to be filled out by the supervisor, according to Rule 4(b)(i) part 2 or, if applicable, Rule 4(b)(ii) part 2 (Rules governing **epi** Studentship))

Personal details

Student applicant's General Authorisation Number: _____ since _____

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 number

Email

Employer's declaration

The period of training began on _____ and will finish on _____

I hereby confirm that the above mentioned student applicant is/was trained under my supervision in accordance with Article 11(2)(b)(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)

Full name / Signature of Employer

Proof of having sat at least one paper / module of the EQE

This related only to applications under Rule 4(b)(ii) (Rules governing **epi** Studentship).

Letter from the EQE Secretariat.

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)

Signature of Student applicant