



Erasmus+

Erasmus Student Traineeship for:
Pianists (accompaniment) / Harpsichordists (accompaniment) /
Classical and Early Music Department
at Conservatorio Statale di Musica “G. Briccialdi” di Terni

Academic Year 2024-2025

Periods:

November 2nd 2024 – February 28th 2025

March 1st 2025 – July 15th 2025

TRAINEE INFORMATION	
Name of organisation	Conservatorio Statale di Musica “G. Briccialdi” di Terni
Address	Via del Tribunale, 22 – 05100 Terni
Telephone	+39 0744 432170
E-mail	international@briccialditerni.it
Website	https://www.briccialditerni.it/
Number of trainees	4 Pianists; 2 Harpsichordists; other Classical and Early Music instruments.
Short description of the company	<p>The Terni State Conservatoire of Music (https://www.briccialditerni.it/), located in central Italy, is named after the nineteenth-century flautist Giulio Briccialdi (1818-1881), born in Terni and famous for having perfected the modern flute mechanics by adding a key. The institution has a centuries-old tradition as a music school and is currently located in the prestigious Palazzo Giocosi-Mariani, in the city’s historic centre, which boasts several sixteenth-century frescoes in its halls.</p> <p>Some 48 teachers work at the Conservatoire of Terni (39 permanent positions; 9 temporary positions). The theoretical and practical teaching follows the Bologna Process approach. Classes, therefore, refer to three academic levels: (1) preliminary level; (2) bachelor degree; (3) master degree. Six administrators and four ushers are also members of the staff.</p>

CONTACT DETAILS	
Contact person for this placement	Sig. Alessio Alcini
Department and designation, job title	Assistant Admin
E-mail address	international@briccialditerni.it



APPLICATION PROCEDURE	
Who to apply to	international@briccialditerni.it
Deadline for applications	October 1 st 2024 (first period) or January 31 st 2025 (second period)
Application process	Please submit via email: CV, motivational letter, one letter of recommendation from main instrument professors, Erasmus+ Application Form for Traineeships (attached below), a 10 minutes video of repertoire related to the position (accompaniment on piano or harpsichord) - a link to the video is preferred.
Please provide any additional information you wish related to the placement.	

PLACEMENT INFORMATION	
Department, Function	Departments: Voice and Opera, Strings, Winds. Function: Piano accompaniment for strings, winds, and vocal studies. Department: Early Music. Function: Harpsichord accompaniment for Early Music instruments and voice. Department: Ensemble Music. Function: class or public performance
Location	Terni, Italy
Starting Date	November 2 nd 2024 (first period) or March 1st 2025 (second period)
Duration	Minimum 4 months, maximum 9 months
Working hours per week	Flexible, to be determined (18-24 hours)
Additional information	
Details of financial and “in kind” support to be provided	Visiting students can participate in all seminars, masterclasses and workshops concerts, lessons and rehearsal planned for internal students in addition to access to the library.
Funds	European Community funds are available to selected students from sending Institutions (contact your institution’s International Office)

COMPETENCES, SKILLS and EXPERIENCE REQUIREMENTS	
Languages and level of competence required	Italian or English language competences are necessary.
Computer skills and level of skills required	Not required
Driving license	Not required
Other	Proven experience in accompaniment or ensemble music is highly recommended

Terni, June 18th 2024

Prof. Roberto Antonello
 Director of the Conservatory



ERASMUS+ Traineeship APPLICATION FORM

Please attach a
recent passport
photograph

Please answer all sections of the application form in block capital.
Application must be made through the International Exchange Co-ordinator
in the home institution

STUDENT PERSONAL DETAILS	
Name(s)	
Surname	
Date of birth, age	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home address (including postcode, town, country)	
Term-Time address (if different)	
Home telephone	
Mobile	
E-mail address	

HOME /SENDING INSTITUTION	
Erasmus Coordinator	
Telephone(s)	
Fax	
E-mail address	
Mailing address	

EDUCATION & QUALIFICATIONS	
Study programme	
Principal study (e.g. instrument)	
Final academic qualification	
Final professional qualification	
Year of final qualification	



WORK EXPERIENCE		
From (date)	To (date)	Employer, position at the company/short job description

PERIODS SPENT ABROAD		
Year	Country	Purpose, length of period

LANGUAGE SKILLS	
1) Language _____	Fluent <input type="checkbox"/> Good <input type="checkbox"/> Moderate <input type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/>
2) Language _____	Fluent <input type="checkbox"/> Good <input type="checkbox"/> Moderate <input type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/>
3) Language _____	Fluent <input type="checkbox"/> Good <input type="checkbox"/> Moderate <input type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/>
Will you, if necessary, be studying the language of the host institution before the placement period?	Yes <input type="checkbox"/> No <input type="checkbox"/>

COMPUTER SKILLS		
Basic <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Advanced <input type="checkbox"/>

DRIVING LICENCE	WILL YOU BRING A CAR WITH YOU?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

DESCRIBE YOUR BIGGEST ACHIEVEMENTS, CAREER AMBITIONS

WHAT DO YOU WANT TO GAIN FROM THE WORK EXPERIENCE PLACEMENT?



**EXTRA CURRICULAR ACTIVITIES, INTERESTS
ADDITIONAL INFORMATION IN SUPPORT TO THE APPLICATION**

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HEALTH DECLARATION

Do you have a disability for which special arrangements may be needed to be considered for purposes of work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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EMERGENCY CONTACT

PERSON (relatives, family, close friend) TO BE NOTIFIED IN CASE OF EMERGENCY:	
Name, surname	
Home address	
Telephone(s)	

REFERENCES

Please supply information of two references, who could be contacted if the further references are required

ACADEMIC REFERENCE

Name, surname	
Department/programme	
Telephone	
E-mail	

WORK REFERENCE

Name, surname	
Company, position	
Telephone	
E-mail	

I CERTIFY THAT THE INFORMATION GIVEN IS CORRECT

Student: _____
Date: _____
(name, surname, signature)