

Eligibility for traineeships for candidates on the autism spectrum

The ECB is an inclusive employer. We believe that diversity offers richness and creates excellence and we strive to reflect the diversity of the population we serve in all its facets, including age, disability, ethnicity, gender, gender identity, race, religion, sexual orientation and other characteristics.

Our traineeship campaign with a focus on candidates on the autism spectrum is one of many initiatives designed to attract the best talent and increase diversity at the ECB.

As the traineeship campaign for candidates on the autism spectrum is not open to those who are not on the spectrum, we are asking candidates who are short-listed to provide us with evidence of their diagnosis **within a week of receiving the invitation to participate in the selection process**, in the form of a certificate.

The certificate should meet the following criteria:

- It should be issued by a psychiatrist officially accredited in your country.
- It should include a statement from your psychiatrist covering three points:
 - i. the date of examination;
 - ii. the diagnosis, in line with the relevant criteria of the International Classification of Diseases (ICD/F84) issued by the World Health Organization (WHO) or according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5/299.00) published by the American Psychiatric Association (APA);
 - iii. the diagnostic methods used.
- It should be authentic, i.e. besides the above three points it should include the letterhead of the psychiatric practice, your full name and date of birth, the name and signature of the issuing psychiatrist, and the date of issuance of the certificate.
- **The ECB does not specify the precise format of the certificate, so your psychiatrist is free to choose the format and structure as long as the required details are included, as shown in the following example (turn page):**

Example

(Note: this is a general example to show your psychiatrist the elements and level of information required by the ECB)

– Letterhead of the psychiatric practice –

Date of issuance: dd/mm/yy

I hereby confirm that I examined ___ full name of candidate ___, born on ___ date of birth ___, on ___ date of examination ___ and concluded that he/she is xxx (insert diagnosis) according to xxx (insert: ICD or DSM code) based on xxx (insert diagnostic methods).

Name and signature of issuing psychiatrist

- No further diagnostic details are necessary
(To protect your medical privacy, please black out any other medical details that may appear on the certificate)