

ERASMUS+
Internships for students / graduates

Application form

1. Personal data

Last name(s)		First name(s)	
Geburtsdatum		Sex	f m u
Address Post code, City		Nationality	
Phone		Mobil	
E-mail			
University			
Faculty			
	Bachelor	Master	PhD
			Diplom
			Magister
			StEx
Field of study			
Enrolled since		Enrolled until (presumably)	
Emergency contact (optional)		Phone	

2. Bank details

IBAN:		BIC:	
Bank name:		Location:	
German tax ID:			

3. Internship

Aufnehmendes Unternehmen:	
Country:	
Size of receiving organisation:	S (small, 1- 50 employees) M (medium, 51- 500 employees) L (large, >500 employees)
Sector / Field of activity:	
Main language of work:	

4. Insurance during the stay abroad

I confirm that a sufficient and valid insurance coverage (**health insurance, liability insurance and accident insurance**) is arranged or will be arranged (www.erasmuspraktika.de/wie/versicherung/).

Health Insurance

Insurance company:

Insurance number:

Liability Insurance

Insurance company:

Insurance number:

Accident Insurance

Insurance company:

Insurance number:

5. Other scholarships

I confirm that I do not receive or applied for other scholarships.

I receive or applied for another scholarships for the stay abroad.

Support programme:

Monthly grant:

6. Previous ERASMUS support

I confirm that I previously did not receive an ERASMUS support for a semester (SMS) or an internship (SMP) abroad.

I I confirm that I already received one or more scholarships by the ERASMUS programme for a semester (SMS) or an internship (SMP) abroad.

for a semester abroad (-)
(see Downloads: „Nachweis über bisherige Erasmus Förderung (Studium)“)

for an internship abroad (-)

7. Confirmation

With my signature I confirm that the information specified above is true and complete.
Changes and amendments I will communicate to the a.i.m. rlp immediately, especially, if I will receive another scholarship or cancel the internship.

I agree to be available for questions of future ERASMUS scholars, who want to absolve an internship in my country of destination (optional).

Place and date of issue

Signature

8. Further notes to a.i.m. rlp