Save PDF locally on your PC (do not edit in browser).
Please get Adobe Acrobat Reader here and fill in the application electronically!

Erasmus+

Erasmus Traineeships Saxony-Anhalt

# Application for an ERASMUS Traineeship Grant for GRADUATES

**Academic year: << Please select >>**

**Photo**

## 1. Status at the beginning of the traineeship

Student / PhD student *[Please use the application form for students!]*

Graduate ☐

## 2. Personal data

Surname:

First name:

Nationality:

Gender: male ☐ female ☐ diverse ☐ Date of birth:

E-mail:

Home address: *[parents]*

Phone:

Semester address:

Phone:

Mobile:

## 3. Study details

University: << Please select your university>>

Department/Faculty:

Field of study:

Number of academic years already completed:

Last academic degree obtained: << Please select >> *[at the time of the start of the traineeship]*

## 4. Application

Application BEFORE end of study

a) I am expected to complete my studies on:

b) I have not submitted a pre-application and currently I am enrolled as a student: ☐

Application AFTER end of study

a) I have completed my studies on:

b) I have already submitted a pre-application by e-mail on:

## 5. Traineeship

Name of host institution:

Duration: from till *[day/month/year]*

Destination country:

Destination city:

Internship salary per month:

How did you learn about the Erasmus traineeship grant?

## Data Protection

All personal data contained in the agreement shall be processed in accordance with Regulation (EC) No 2018/1725 of the European Parliament and of the Council on the protection of individuals with regard to the processing of person-al data by the EU institutions and bodies and on the free movement of such data. Such data shall be processed solely in connec-tion with the implementation and follow-up of the agreement by the sending institution, the National Agency and the European Commission, without prejudice to the possibility of passing the data to the bodies responsible for inspection and audit in accord-ance with EU legislation (Court of Auditors or European Antifraud Office (OLAF)). The participant may, on written request, gain access to his personal data and correct any information that is inaccurate or incomplete. He/she should address any questions regarding the processing of his/her personal data to the sending institution and/ or the National Agency. The participant may lodge a complaint against the processing of his personal data with regard to the use of these data by the sending institution, the National Agency, or to the European Data Protection Supervisor with regard to the use of the data by the European Commission.

Hereby, I confirm that I have read the information given above and I agree that my personal data is collected and processed by the Office for Erasmus traineeships Saxony-Anhalt for the purpose of providing and maintaining my mobility abroad. Note: Without your declaration of consent it is not possible to participate in the Erasmus program.

Hereby, I confirm that all information above has been given truthfully.

**Place:**

**Date:**

**Signature**: _____

GRADUATES GRADUATES GRADUATES