

ERASMUS+
Internships for students / graduates

Application form

1. Personal data

Last name(s)		First name(s)	
Date of birth		Sex	<input type="checkbox"/> w <input type="checkbox"/> m <input type="checkbox"/> d
Address (Street, Post code, City)		Nationality	
Phone		Mobil	
E-Mail			
University			
Faculty			
<input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> PhD <input type="checkbox"/> Diplom <input type="checkbox"/> Magister <input type="checkbox"/> StEx			
Field of study			
Enrolled since:		Enrolled until (presumably):	

2. Bank details

IBAN		BIC	
Bank name		Bank location	
German tax ID			

3. Internship

Receiving organisation	
Country	

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.

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 scholarship 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 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 (–)
([Downloads](#): „Application form Proof of previous ERASMUS funding (studies)“)

for an internship abroad (–)

7. Special Funding

Green Travel

I plan to travel to/from my host organisation abroad with sustainable means of transport.

([Downloads](#): „Declaration of honour for green travel“)

Participants with fewer opportunities

I have a degree of disability of 20 or more. (document of proof)

I have a chronic illness (doctor's certificate that confirms additional costs abroad)

I will carry out my stay with my child/my children (keep the travel documents!)

8. 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, Date

Signature

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