GRADUATE

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Application for an Erasmus Traineeship Grant for UKRANIAN GRADUATES in Saxony-Anhalt

Save PDF locally on your PC before filling in (do not edit in browser).

<u>Please get Adobe Acrobat Reader here</u> and fill in the application electronically!



Academic Year:	Photo
Status at the beginning of the traineeship	
Student PhD student [Please use the application students!]	
Graduate [Graduates within one year after graduation.]	
2. Personal data	
Surname:	
First Name:	
E-Mail:	Date of birth:
Nationality: Gender: male	e female diverse
Home	
address: [parents] Phone:	
[parents] Phone:	
Semester address: Phone:	
address. Mobile:	
Do you have special needs due to a disability or chronic disease? Are you a parent and planning to take your child(ren) with you to your traineeship destination? If you answered one of the options with "Yes", please contact us.	Yes No Yes No
3. Study Details	
University in Ukraine:	
Department/Faculty:	
Field of Study:	
Number of academic years already completed in your current study	program:
Intended Degree:	
4. Traineeship	
Name of host institution:	
Address of host institution:	
Destination country: Germany, Saxony-Anhalt	
Contact person & E-Mail:	
Duration of mobility: from to	[day/month/year]
cont	r finishing the traineeship, I plan to: inue studying Yes No
How did you find your traineeship? appl	y for a job Yes No

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 programme.

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

Place: Date:

Signature: _____

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