

Application form Erasmus+ internships for Students and Graduates (SMP)	<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> PHOTO </div>
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Application Deadline: For students at least 8 weeks BEFORE the start of the internship!
 For graduates at least 6 weeks BEFORE the start of the internship and graduation!

Personal Information			
Last Name		First Name	
Birth Date		Birth Place	
Citizenship		Postal Code	
Special Requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gender	<input type="checkbox"/> F <input type="checkbox"/> M
Email		Telephone Number	

Home Address

Street		Postal Code, Place	
Country		Telephone	

Residence during studies (in Austria)

Street		Postal Code, Place	
Country		Telephone	

Address during the Internship:

Street		Postal Code, Place	
Country		Telephone	

I have registered a place of residence in the country of the planned internship: yes no

Banking:

Bank	
IBAN	
BIC	

Data Protection: see [Privacy Policy](#)

Application for Top Up „Fewer Opportunities“

I belong to one of the following groups and am applying for a grant to cover increased mobility costs:

Yes No

Bringing children requiring care to the place of the internship

Student with a disability

Student with a chronic illness

If yes, please enclose the relevant evidence with your application documents and, if applicable, a detailed list of the expected increased costs.

Application for Top Up „Green Travel“

I plan to travel to and from the host institution by low-emission means of transportation (bus/train) and therefore apply for the grant for environmentally friendly forms of mobility: Yes No

I am a recipient of the Austrian study grant (not to be confused with family allowance!) Yes No

Apply for aid for studying abroad, information can be obtained from the aid authority

Study Program Information

Matrikel Number			
Name of the field of study		Completed semesters at the start of the internship	
Study program code		Current study level	<input type="checkbox"/> 1. Study Cycle <input type="checkbox"/> 2. Study Cycle <input type="checkbox"/> 3. Study Cycle <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> PhD
Academic degree after graduation		Planned Degree (only for graduates)	(Date)

Previous stays in other European countries	from-until	Study level*	Country
Erasmus Study Abroad	<input type="checkbox"/> yes <input type="checkbox"/> no		
Erasmus Internship Abroad	<input type="checkbox"/> yes <input type="checkbox"/> no		
Leonardo Mundus Joint Master	<input type="checkbox"/> yes <input type="checkbox"/> no		

**The level of study at which the stay abroad was completed (Bachelor, Master, PHD, diploma program) must be indicated.*

Planned Internship / Info of the Host Company

Beginning		End	
Company		Country	
Street, Number		Postal Code, City	
http://		Internship Field	
Sector/main activity of the company		Company Size	<input type="checkbox"/> 1-50 Employees <input type="checkbox"/> 51-500 Employees <input type="checkbox"/> > 500 Employees

Weekly Working Hours	
Job Description	
Work Language	
Planned Salary	

Contact person in the host company: (the different contact persons should be different, but may be the same, especially for small companies).

Contact Person	This person can provide information on the administrative handling of the Erasmus internship.		
Name		Telephone	
Job Title		Email	
Mentor	The mentor has the task of supporting and motivating the intern and providing information about life and experiences in the company (corporate culture, informal behavior, etc.). Ideally, the mentor should be different from the responsible person.		
Name		Telephone	
Job Title		Email	
Responsible Person	The Responsible Person is responsible for signing the Learning Agreement and amending it if necessary. This person supervises and evaluates the trainee and the Traineeship Certificate at the end of the traineeship.		
Name		Telephone	
Job Title		Email	

Planned Language Course

Language course during the Internship	Start	End	Name of Language Institute
<input type="checkbox"/> Language Course** while abroad	DD/MM/YYYY	DD/MM/YYYY	
<input type="checkbox"/> no planned language course			

**Times of the language agreement are not taken into account for the hours to be worked.

My internship is a mandatory internship: yes ECTS: _____ no

Insurance Coverage			
	Name of the Company	Start	End
Insurance during the internship in the foreign company		DD/MM/YY	DD/MM/YY
<i>It is obligatory to clarify accident and liability insurance at the workplace with the employer abroad (this applies in particular to graduate internships).</i>			
Insurance Coverage in Austria			
Name of Health Insurance		Social Insurance Nr	
Name of Accident and Repatriation Insurance		Insurance Nr	
Name of private liability insurance		Insurance Nr	

Please leave the relevant field(s) blank if the participant does not have one or more of the listed insurances. However, we strongly advise you to take out the listed insurances. The risk of being underinsured is to be carried by the participant him/herself.

The University of Salzburg, the National Agency and all other institutions involved in the implementation of the Erasmus+ program are not liable for the consequences of non-insurance or underinsurance.

I confirm that I have been informed of the need for adequate insurance cover and that I will ensure that I have adequate insurance cover during my internship abroad.

Important Note:

Application documents that are not complete or do not meet the formal requirements will not be considered for the awarding of scholarships. The documents will only be processed once they have been received in full by the International Relations Office of the University of Salzburg.

Your documents are initially the only source of information for the decision on awarding a scholarship. It is therefore in the applicant's own interest to prepare the application carefully.

After submission, a selection of suitable candidates will be made by the International Relations Office of the University of Salzburg. Applicants who cannot be considered will receive a written rejection.

With your signature you confirm the accuracy of the information in your application. Incorrect information may result in you having to repay your scholarship.

I confirm that the information provided is correct.

Date, Place: Signature: