

Personal Data	
Last name, first name:	
Gender:	
Nationality:	
DOB and place of birth:	
Address:	
Phone number:	
E-mail:	

Picture

Studies at HFBK Hamburg	
Level of studies:	<input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> PhD <input type="checkbox"/> Teaching Degree
Department(s):	
Matriculation number:	
Study years completed*:	
Semesters completed*:	
Planned graduation:	

\* at the time of starting the internship abroad

Internship Abroad	
Earlier funding through the Erasmus programme (studies, internship):	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes: in what study cycle and for how many months?
Social top-up:	<input type="checkbox"/> First-time academic <input type="checkbox"/> employed <input type="checkbox"/> abroad with child(ren) <input type="checkbox"/> disability (degree of disability from 20) <input type="checkbox"/> chronic illness
Country	
Internship provider	
Address and telephone number of the internship provider	
Internship duration (from to)	

Language Skills	
Mother tongue(s):	
Foreign language(s)	Language level
	<input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1 <input type="checkbox"/> C2
	<input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1 <input type="checkbox"/> C2
	<input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1 <input type="checkbox"/> C2

I hereby consent to my data being electronically stored and processed.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_