

Personal Data	
Last name, first name:	
Gender:	
Nationality:	
DOB and place of birth:	
Address (Germany):	
Phone number:	
E-mail:	
German tax ID number:	

Picture

Studies at HFBK Hamburg	
Level of studies:	☐ Bachelor ☐ Master ☐ PhD ☐ 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):	☐ Yes ☐ No If yes: in what study cycle and for how many months?
Social top-up:	☐ First-time academic ☐ employed ☐ abroad with child(ren) ☐ disability (degree of disability from 20) ☐ 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
	☐ A1 ☐ A2 ☐ B1 ☐ B2 ☐ C1 ☐ C2
	☐ A1 ☐ A2 ☐ B1 ☐ B2 ☐ C1 ☐ C2
	☐ A1 ☐ A2 ☐ B1 ☐ B2 ☐ C1 ☐ C2

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

Date: _____

Signature: _____