

Personal Data	
Last Name, First Name:	
Gender:	
Nationality:	
Date and Place of Birth:	
Adress:	
Phone Number:	
E-mail:	

Photo

Study at the HFBK Hamburg	
Study Level:	<input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Promotion <input type="checkbox"/> Teaching
Study Focus:	
Matriculation Number	
Years of Study Completed*:	
Completed Semesters*:	
Planned Degree:	

* at the time of the planned start of the internship abroad

Internship Abroad	
Earlier funding through the Erasmus Program (studies, internship):	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes: in which study phase and for how many months?
Special Promotion:	<input type="checkbox"/> First-time graduate <input type="checkbox"/> gainfully employed <input type="checkbox"/> abroad with child(ren) <input type="checkbox"/> Disability (GdB from 20*) <input type="checkbox"/> Chronic illness
Country:	
Company:	
Address and telephone number of the company:	
Duration of Internship (from - to)	

*degree of disability

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 stored and processed electronically.

date: _____

signature: _____