

Application for an Erasmus+ grant for traineeship in winter semester 2025/26

The signatory hereby applies for an Erasmus+ grant for a traineeship abroad.

The signatory ensures that

- they are enrolled as a full-time student at the Technische Hochschule Nürnberg during the entire duration of the traineeship that will be supported
- the traineeship that will be supported is a full-time work internship (minimum 30h/week)
- no other funding from other EU sources will be received during the funding period of the Erasmus+ grant

Notice: To see the fo	orm fields, please op	en the document	using Adobe Acrobat Reader.				
PERSONAL INF	ORMATION						
Form of address	Family I	name	Given name				
Date of birth		Place of birth (city, country)					
Gender	female	male	undefined				
Nationalities		Native language(s)					
Address (in Germ	nany)						
Email							
Telephone (mobi	le is preferred)						
Current primary re	esidence (city, co	untry)					
Bank name							
BIC							
IBAN							
Bank Account H	lolder						
Tax ID							
INFORMATION ABOUT YOUR STUDIES							
Degree	Bachelor	Master					
In the field of							

Student ID number

Subject-specific semester

INFORMATION AB	OUT YOUR TRA	AINEESHIP					
Type of internship	☐ required (Prax	rissemester)	voluntary	recent	graduate intern	ship	
Receiving country							
Name of the training i	institution						
Address of the trainin	g institution						
Internship duration (DD/MM/YY - DD,	/MM/YY)					
Main working langua	ges(s)						
Number of working h	ours per week d	uring the inter	nship				
INFORMATION AB	OUT OTHER G	RANTS OR ST	TIPENDS				
I have previously rece	eived an Erasmus	grant	yes	no			
If yes, when? (DD/MN	M/YY - DD/MM/	YY)					
If yes, for which activi	ity type	studies	internship				
SUPPLEMENTAL FU	JNDING						
Details can be found in co When applying for a So step. Please tick all cate Please note that subseq	ocial Top up grant, gories completely	you will receive and either "yes"	e a separate or "no"!	application v	with further det	ails in the s	
I require additional gr	rant support due	to a disability			yes	☐ no	
If yes, please provide your	degree of disability	(disability rating)					
I require additional gr	yes	no					
I require additional gr	yes	no					
I require additional gr	rant support for	working persor	ıs		yes	no no	
I require additional g	rant support due	to a stay abro	ad with child	d/ren	yes	no	
I travel by the following main means of transport Outward journey					Return		
For sustainable "gree	n" Travel: I requ	est the followir	ng travel day	s Outward	(1-3) Retu	rn (<u>1</u>	1-3)
For non-sustainable t	ravel: I request t	he following tr	avel days O	utward	(0-1) Return	(0-1)	
I declare that all information "Supplemental Funding in the to my exclusion from the Eras	Erasmus+ programm	e". Misrepresentatio	ons will lead with	hout respite to r		already receiv	ved and
I acknowledge the applicable https://webgate.ec.europa.eu			my personal dat	a:			
Place. Date							

Signature