ERASMUS+ TRAINEESHIPS ABROAD · CALL 2026/27

Application form

Outgoing students · Traineeships in the summer term 2027 (1 February – 31 August 2027)

Please fill in sections 1–3, sign section 5 and send the form with all required documents (see information sheet) by **1 November 2026** to **internationaloffice@sfu.ac.at** and **international@sfu.ac.at**. Section 4 is voluntary. You can fill in the form on screen or by hand.

The evaluation follows the procedures and principles set out in the Erasmus+ Programme Guide.

1 Personal details

Full name as stated in your passport or ID

Gender

Nationality

Date of birth (DD.MM.YYYY)

SFU e-mail address

Alternative e-mail address (required)

Phone number

Student ID

Year of study

Faculty

Study programme

Degree level

◯ Bachelor ◯ Master ◯ PhD/Doctorate

Language of study at SFU

2 Your traineeship

Desired host organisation (name, city, country)

Has your traineeship been confirmed/accepted?

◯ Yes ◯ No

Language of the host country

Desired period: from (DD.MM.YYYY) to (DD.MM.YYYY)

2 to 6 months (at least 60 days), between 1 February and 31 August 2027.

3 Language skills, experience and involvement

CRITERION	YOUR DETAILS	OFFICE USE
Proficiency in the working language of the host organisation	Language: _____ ◯ B2 ◯ C1 or higher ◯ Other: _____	
Proficiency in the language of the host country	◯ B2 ◯ C1 or higher ◯ Other: _____	
Previous participation in an Erasmus or Erasmus+ programme	◯ No ◯ Yes – please specify duration, dates, place, programme and required language skills: _____	
Documented voluntary or social involvement Please specify and attach proof to your application.	_____	

4 Equal opportunities and additional support

voluntary

Sigmund Freud Private University is committed to providing equal opportunities for all applicants. To help us ensure that our application and selection processes are accessible and inclusive, we invite you to disclose whether you have a disability. This information will be kept confidential as required by law. Disclosure of disability status is entirely voluntary.

If you have a disability, this may lead to additional support or financial top-ups within Erasmus+. More information on benefits (in German): erasmusplus.oead.at/de/hochschulbildung/mobilitaet/ka131/inklusion

Please tick the boxes that apply to you.

TOPIC	YOUR DETAILS	OFFICE USE
Disability	☐ I do not have a disability. ☐ I have a disability. Please specify: _____	

4 Equal opportunities and additional support

continued

TOPIC	YOUR DETAILS	OFFICE USE
Health e.g. a chronic illness causing additional costs during the stay	☐ I do not have health issues. ☐ I have health issues. Please specify:	
Children	☐ I want to bring my child(ren). Please specify:	
First-generation student	☐ I am a first-generation student (neither of my parents has a higher education entrance qualification, such as the Matura).	
Austrian study grant (Studienbeihilfe)	☐ I receive the Austrian study grant. ☐ I do not receive the Austrian study grant.	
Other Please specify.		

5 Declaration and signature

By signing this form, I confirm that

- in case of nomination, I will not receive any other financial support from EU funds for this mobility, and
- the information provided above is accurate and I am able to present supporting documents for verification when necessary.

Name of applicant

Student ID

Signature

Place and date

Before you send: checklist

- ☐ Application form (signed)
- ☐ Motivation letter
- ☐ Transcript of Records
- ☐ Copy of passport
- ☐ Traineeship contract
- ☐ CV
- ☐ Proof of language skills
- ☐ Extracurricular activities