**Ludovika Fellowship Program**

***Application Data Form***

|  |  |
| --- | --- |
| Name |  |
| Sex |  |
| Nationality |  |
| Year of Birth |  |
| Permanent Address |  |
| E-mail Address |  |
| Phone Number |  |
| Main field of expertise |  |
| Academic Qualification/Degree |  |
| Planned Lengths of Fellowship (1-3 months) |  |
| Preferred start of Fellowship (Fellowship must be completed between 01/02/2024-30/11/2024) |  |
| Name of Employer |  |
| Type of Employer |  |
| List of Application documents (CV and Project Plan is obligatory) |  |

In case of an unsuccessful application, I agree that my personal data will be kept for one year after the application has been evaluated.[[1]](#footnote-1) yes / no[[2]](#footnote-2)

1. The purpose of data processing is to send information on the call for applications for the upcoming semesters. [↑](#footnote-ref-1)
2. Please indicate the right answer. [↑](#footnote-ref-2)