

HERAS Scholarships

Confirmation by the home institution

This form may only be filled in by persons authorized to recruit staff

| | |
|-----------------------------------|--|
| Name of applicant | |
| Complete name of your institution | |
| Address | |
| E-mail, website | |
| Name of undersigned | |
| Position of undersigned | |

In the name of our institution I hereby confirm that

Please tick, where applicable

| | |
|--|--------------------------|
| a) The applicant named above is currently employed at our institution. | <input type="checkbox"/> |
| b) He / She will be re-employed after the completion of his / her studies in Austria. | <input type="checkbox"/> |
| c) Our institution supports the proposed topic (see application form) for his/her studies in Austria. | <input type="checkbox"/> |

The proposed topic is in line with the training curriculum of our institution

(if yes, please clarify below)

Was there any cooperation with Austrian institutions before?

Yes

No

If yes, please name the respective institution(s) and describe shortly the cooperation.

| | | | |
|------------------------------|--|-------|--|
| Name of Austrian institution | | | |
| Contact person from Austria | | | |
| E-mail | | Phone | |

| | |
|---|--|
| Short description of cooperation | |
| Other Austrian partners (name, comment) | |

Additional information – comments

Place, date

Signature and stamp of the institution