

# ALLGEMEINES ANMELDEFORMULAR

## GENERAL APPLICATION FORM

Please fill out the form digitally!

### Personal data

Family name:		
First name:		
Date of birth		
Nationality:		
Passport Nr.:		
Valid till:		
Sex:	<input type="radio"/> female	<input type="radio"/> male

### Other data

Adress:		
Zip code:		
City:		
Country:		
E-Mail		
Mobile phone:		
Med. school:		
Med. stud. since:		
Expected date of graduation:		
Languages:		
Project name:		

It is my own responsibility to have a valid health insurance for the desired period and country. AMSA neither covers any cost concerning health insurance nor is AMSA responsible to organize a health insurance for me!

I hereby confirm that AMSA may use my personal data in order to help organize my Public Health Exchange. All data will be deleted in the end of the year after my exchange.

Date:

Signature:

Dieses Dokument ist lediglich für interne Zwecke bestimmt. Eine externe Weitergabe ist verboten.

**AMSA Graz**  
 Stiftingtalstraße 24 – ZMF  
 A - 8010 Graz

**AMSA Innsbruck**  
 Fritz-Pregl-Straße 3  
 A - 6020 Innsbruck

**AMSA Krems**  
 Dr.-Karl-Dorrek-Straße 30  
 A – 3500 Krems an der Donau

**AMSA Linz**  
 Huemerstraße 3-5  
 JKU Life Science Park  
 A - 4020 Linz

**AMSA Salzburg**  
 Strubergasse 21  
 A - 5020 Salzburg

**AMSA Wien**  
 Währinger Gürtel 18-20  
 AKH Ebene 6M  
 A - 1090 Wien

