

# Application for a Placement at the University of Veterinary Medicine Hannover

Name: [click here to enter text.](#)

Email address: [click here to enter text.](#)

Home University: [click here to enter text.](#)

Birthday: [click here to enter text.](#)

Nationality: [click here to enter text.](#)

Number of years of study already completed: [choose an element.](#)

What language skills do you have?

German: C2  C1 B2 B1 A2 A1

English: : C2 C1 B2 B1 A2 A1

**At which clinic or institute should the internship take place? .**

[Choose an element](#)

Desired start date? [Click here to enter](#)

Desired end date? [Click here to enter date.](#)

during the placement you are:  graduated  student

(currently the TiHo can't accept graduated trainees)

Do you have funding?  No  Erasmus  Other

Do you have special interests: [Click here to enter text.](#)

**Declaration of consent to the collection and processing of data by the *International Office of the University of Veterinary Medicine Hannover, Foundation (TiHo)***

The collection and processing of personal data (see overleaf) is mainly for official purposes (e. g. foreigners authority, embassy), support during the stay at the TiHo, as well as for statistical purposes.

This data is saved on the server of the TiHo, archived in paper form and can only be viewed by authorised persons. We hereby assure that the data processing is carried out on the basis of applicable laws. In addition, the user's consent is required for any further data collection. The data will be deleted after expiry of the applicable retention periods.

**Rights of the user**

The undersigned has the right to revoke this consent at any time without stating a reason. Furthermore, collected data can be corrected, blocked or deleted. If required, the collection of data may get restricted by the user. On request, the user can request detailed information on the scope of the data collection at the address below. Data transmission may also be requested if the undersigned wishes his data to be transmitted to a third party.

**Consequences of non-signing**

The undersigned has the right not to agree to this declaration of consent - however, since our tasks are dependent on the collection and processing of the data mentioned, a non-signature would exclude the use of the support.

Complaints, requests for information and other concerns should be addressed to the following office:

University of Veterinary Medicine

International Office

Bünteweg 2

30559 Hanover, Germany

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*Date, Signature*