

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)	
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Additional information – comments

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Place, date

Signature and stamp of the institution