

PROJECT DATA SHEET

BWS plus Project Network Nursing and Healthcare

The **BWS plus Project Network Nursing and Healthcare student exchange program** provides participants with a short-term scholarship to facilitate practice training and study at our cooperating partner institutions and their partners.

STUDENT INFORMATION

| | |
|---|--|
| Student Name | |
| Date of Birth | |
| E-Mail | |
| Phone (+ country code) | |
| Mobile (+ country code) | |
| Street Number Postal code City Country | |
| Passport number | |
| Scholarship Duration | |

1

ACADEMIC INFORMATION

| | |
|-----------------------------|--|
| Home University | |
| Department Program | |
| Semester Course | |
| Student ID | |
| Host University | |
| Training Facility | |

ACCOMODATION

| | | |
|-------------------------------|----------------------|------------------------|
| Accommodation required | at training facility | through DHBW private |
| Length of stay | | |
| Occupancy | single | double |

EMERGENCY CONTACT

| | |
|---------------------|--|
| Name | |
| Relationship | |
| Phone | |

ADDITIONAL INFORMATION

| | |
|---------------------|--|
| Disabilities | |
| Other | |

CONFIRMATION OF HOME UNIVERSITY

| | |
|-------------------------------|--|
| Exchange Coordinator | |
| E-Mail | |
| Phone (+ country code) | |
| Department School | |
| Signature Date | |

2

BANK ACCOUNT INFORMATION

For the deposit of the scholarship amount, student bank account information is necessary.

| | |
|--------------------------------------|--|
| Name of Account Holder | |
| Financial Institution Name | |
| IBAN (Account Number) | |
| SWIFT (Branch Transit Number) | |

I understand and agree that my personal information will be archived for project documentation and used solely for the operation of the student exchange.

Student's signature

Date

To be completed by the project management

| Documentation submitted | |
|--------------------------------|--|
| Project data sheet | Host University Application |
| Scholarship contract | Proof of Acceptance by Host University |
| Learning Agreement | |
| <hr/> | |
| Signature Project Manager | Date |