



**ANDLINGER RESIDENCY EXCHANGE
FELLOWSHIP PROGRAM
Application Form**

Please complete this form, and send it together with the required documents to
andlinger@americanaustrianfoundation.org

Name:	
Position:	
Work Institution:	
Home Address:	
Telephone:	
E-Mail:	
Fellowship Dates:	
Topic of Study/Specialty:	
Mentor and Hospital:	
Briefly describe your goals for this fellowship:	

With my signature I hereby agree that

My personal data as stated above as well as photographs taken during the ongoing program may be used for managing the programs of the American Austrian Foundation (AAF) according to the General Data Protection Regulation of the European Union as well as its correspondent legislation in the United States of America, respectively.

I give my consent that these data may be stored both electronically and on paper for as long as is necessary for the correct management of OMI and AAF medical program applications. I acknowledge that my data will be processed by the American Austrian Foundation Inc. (575 Lexington Avenue, 11th Floor, New York, NY 10022, USA), Verein der Freunde der AAF (Kärntner Straße 51/2/Top 4, 1010 Vienna, Austria), Salzburg Stiftung der AAF (Arenbergstraße 10, 5020 Salzburg, Austria), and Schloss Arenberg gem. Betriebsges. m. b. H. (Arenbergstraße 10, 5020 Salzburg, Austria). I further acknowledge that this consent is given voluntarily and may be withdrawn at any time; should I ascertain or believe that my data are processed at variance with protection of my private and personal life or at variance with the law, I may request to provide an explanation or claim my data to be blocked, corrected, supplemented or altogether destroyed.

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Date:

Signature: