



**ANDLINGER RESIDENCY EXCHANGE  
FELLOWSHIP PROGRAM  
Application Form**

Please complete this form, and send it together with the required documents to  
[andlinger@americanaustrianfoundation.org](mailto:andlinger@americanaustrianfoundation.org)

Name:	
Position:	
Work Institution:	
Home Address:	
Telephone:	
E-Mail:	
Proposed Fellowship Dates:	
Topic of Study/Specialty:	
Preferred 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 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 medical program applications. I acknowledge that my data will be processed by the American Austrian Foundation Inc. (150 East 42nd Street, 28th Floor, New York, NY 10017, USA), the Salzburg Stiftung der AAF (Arenbergstraße 10, 5020 Salzburg, Austria), Schloss Arenberg gem. Betriebsges. m. b. H. (Arenbergstraße 10, 5020 Salzburg, Austria), Verein der Freunde der AAF (Arenbergstraße 10, 5020 Salzburg, Austria) and the Max Kade Foundation (6 E 87th St, New York, NY 10128, USA). I further acknowledge that this consent is given voluntarily and may be withdrawn at any time; should I ascertain or believe that my data are processed at variance with protection of my private and personal life or at variance with the law,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. Details to our policies can be found at [www.aaf-online.org/privacy](http://www.aaf-online.org/privacy).

Date:

Signature: