

### Approval Form (A1)

Last Name:	
First Name:	
Name of University:	
Date:	

If the internship cannot be completed due to force majeure, no legal procedures can be put forward against the organizer of the program.

I am aware that it is solely my responsibility to procure health insurance, accident, and liability insurance for the time of my stay in Israel (included in the DAAD scholarship upon acceptance). I ensure that I fulfill all criteria for the issuing of a proper visa to Israel (relevant information on visa conditions can be found on <http://embassies.gov.il/berlin>).

I am aware that the application for a New Kibbutz scholarship must be submitted independently via our cooperation partner, the [DAAD](#) (Deutscher Akademischer Austauschdienst). I acknowledge that, in case of withdrawal from the internship based on my own choice, after successful placement & application for the DAAD scholarship, I must cover the placement fee of 500 Euro to AHK Israel.

Furthermore, I am responsible to secure the recognition of my internship as relevant credit to the curriculum of my degree, if applicable.

I hereby confirm that the information provided by me in the online application is true and correct to the best of my knowledge. I understand and agree that any false information, misrepresentation, or omission of facts in this application and the application process may be justification for refusal to take part in the internship program.

I hereby declare that I have read and understood the information above.

**Date:**

**Place:**

**Signature:** \_\_\_\_\_