



Mentoring Program “careerSTEPS”: Application Form.

Period: **November 2025 until July 2026**

(Last name, first name)

Address

Street _____

Zip code, city, country _____

Tel. 1 _____ Tel. 2 _____

Email _____

Specific motivation for joining mentoring program “careerSTEPS”

Please write what stage of life you are in, where you would like to go in your professional/academic life, what your expectations of this mentoring program are, your subject area you prefer, and how you think the mentoring program can benefit you.

[illegible]



The applicant agrees to be contacted by the coordinator as needed

☐ by email

☐ by telephone

☐ by _____

☐ but not at the following times: _____

☐ but not at the following times: _____

Declaration of Consent

I agree to be included with the above information in the file of the mentoring program. The use of the data is reserved exclusively for the mentoring program team and may not be passed on to third parties.

Place, Date:

Signature