Application Form for Staff Mobility for Training Erasmus+ Programme

in the academic year 2018/2019

PERSONAL INFORMATION OF THE STAFF MEMBER	
Surename:	**Name:**
Citizenship:	**Passport number:**
Address of permanent residence :	
Date of birth:	**Position:**
Academic title (if applicable):	**Faculty/Department:**
Telephone:	**E-mail:**

INFORMATION ABOUT THE MOBILITY
Experience: ☐ **J** – junior (less than 10 years' experience), ☐ **I** – intermediate (from 10 to 20 years' experience), ☐ **S** – senior (more than 20 years)
Name of the Home University:
Thematic scope of the planned training:
Main goals of the training:
Total duration of the mobility: - with travel- start date end date - without travel - number of days stayed - if dates are unknown, please give applied number of days stayed without travel:
Have you taken part in Erasmus Programme in the past?: ☐ YES ☐ **NO**
The main language of the training: I declare that I know the language to the extent necessary to take part in the training. Please see attached the Mobility Agreement Staff Mobility for Training.
Date and signature of the Candidate:
Signature and stamp of the Faculty Dean/Head of the Unit/Department:

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