



Application Form for Staff Mobility for Training Erasmus+ Programme in the academic year

PERSONAL INFORMATION OF THE STAFF MEMBER	
Surename:	Name:
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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:	
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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?:YESNO	
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:	