ERASMUS+ KA171 PROGRAMME

STAFF MOBILITY

APPLICATION FORM

|  |  |
| --- | --- |
| Name |  |
| Surname |  |
| Gender |  |
| Date and Place of Birth |  |
| Faculty |  |
| Department |  |
| Foreign Language proficiency (English level) |  |
| Address |  |
| Telephone |  |
| E-mail |  |
| Disabled staff | [ ]  Yes [ ]  No |
| Mobility you wish to apply to: | [ ]  Mobility for teaching [ ]  Mobility for training |
| Have you ever participated in an Erasmus+ programme? | [ ]  Yes [ ]  No |
| If the above answer is yes, | KA171 Mobility for teaching / Mobility for trainingAcademic Year:Length of time: |

[ ]  I certify that the information given above is correct.

|  |
| --- |
| Name and surname of the Applicant Signature Date |

DOCUMENTS TO BE ATTACHED TO THE APPLICATION FORM:

* Documents should **NOT** be filled in by hand.

***Please fill in and submit this form until***

 ***/ / 2025***

***with the required document to International Relations Office***