**STAFF APPLICATION FORM**

ERASMUS+ PROGRAMME

**General data**

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| --- | --- |
| NAME AND SURNAME: |  |
| DATE OF BIRTH: |  |
| PLACE OF BIRTH: |  |
| CITIZENSHIP: |  |
| UNIQUE PERSIONAL IDENTIFICATION NUMBER (JMBG): |  |
| GENDER: |  |
| CURRENT ADDRESS: |  |
| PERMANENT ADDRESS (if different): |  |
| VALID PHONE NUMBER: |  |
| E-MAIL: |  |

**Academic information (HOME INSTITUTION)**

|  |  |
| --- | --- |
| CATEGORY OF STAFF (ACADEMIC/ADMINISTRATIVE): |  |
| SCIENTIFIC/PROFESSIONAL FIELD: |  |
| HAVE YOU EVER RECEIVED ERASMUS+ SCHOLARSHIP? |  |
| **IF YES**, HOW MANY TIMES? |  |

**Academic information (HOST INSTITUTION)**

|  |  |  |  |
| --- | --- | --- | --- |
| HOST INSTITUTION: | NAME OF INSTITUTION | PURPOSE OF MOBILITY(Teaching/Training) | COUNTRY |
|  |  |  |
| PLANNED SEMESTER OF MOBILITY: |  |
| PLANNED DATES OF MOBILITY: |  |
| PLANNED DURATION OF MOBILITY (in days, with travel, in order to cover the proposed Mobility Plan) |  |

I hereby state that my study period abroad within Erasmus+ shall not be financed by other sources originating from the EU funds. I hereby confirm that the documents submitted in the application are true and correct and that the data they provide can be used by the persons authorised to check, process, keep and use them for the purposes of participation in the Erasmus+ Call and Erasmus+ mobility.

DATE AND PLACE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE