Erasmus+ Mobility Program - Staff Training

Application Form

2015/2016

*Kindly fill application electronically, handwritten applications will not be accepted. When filling in date, please use format MM/DD/YYYY. Please attach your work plan (see below) to this application form.*

PERSONAL DATA

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First name: | | Surname: | | Title: |
| CEU Unit/Department/Office: | | | | |
| Position: | | | Level of experience: | |
| Date of birth:   /  / | Nationality: | | Gender:  F  M | |
| Home address: | | | | |
| Email: | | | | |

PROPOSED MOBILITY ABROAD

|  |  |  |
| --- | --- | --- |
| Receiving Institution: | | Erasmus code: |
| Unit/Department/Office: | | |
| Address: | | |
| Size:  Small 1<50 staff  Medium 50<250 staff  Large 250 or more staff | | |
| Erasmus coordinator’s name: | Email: | |
| Academic contact person’s name: | Email: | |
| Dates of proposed mobility: from   /  /     to   /  / | Duration in days: | |
| Have you already participated in Erasmus Staff Mobility?  Yes  No | | |

APPROVALS

|  |  |
| --- | --- |
| Name of the applicant:  Date: | Signature |
| We confirm that the proposed work plan is approved.  Name of CEU supervisor:  Date: | Signature |
| We confirm that the proposed work plan is approved.  Name of responsible at the host institution:    Date: | Signature |

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work plan

2015/2016

Overall aims and objectives

|  |
| --- |
|  |

Activities carried out and program details

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|  |

Expected results and dissemination activities

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| --- |
|  |

SIGNATURE

|  |  |
| --- | --- |
| Name of the applicant :  Date:   /  / | Signature |