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**Erasmus+ project 2020-1-HR01-KA107-077227**

**APPLICATION FORM for STAFF MOBILITY**

**PERSONAL DATA OF THE APPLICANT**

|  |  |  |
| --- | --- | --- |
| NAME(S) |  | |
| SURNAME(S) |  | |
| Academic title / degree |  | |
| Date of birth |  | |
| Place and country of birth |  | |
| Citizenship |  | |
| Gender | M | F |
| Personal Identity Number |  | |
| Permanent address |  | |
| Temporary address  *(if different than the permanent address)* |  | |
| Phone number |  | |
| Mobile phone number |  | |
| E-mail address |  | |
| Disability status or special needs | yes | no |
| If yes, provide short description of the disability or special needs with reference to mobility realization |  | |

**EMPLOYMENT DATA OF THE APPLICANT**

|  |  |
| --- | --- |
| Home University (employer) |  |
| Home faculty / department / chair / office |  |
| Title of the job position |  |
| Scientific or teaching title / degree  *(only for teaching staff)* |  |
| Employment status at home University  *(mark relevant information)* | Full-time employment  Part-time employment  Part-time associate |

**LANGUAGE COMPETENCES**

|  |  |
| --- | --- |
| Mother tongue |  |
| Language to be used during the Erasmus+ mobility realization |  |

**DATA ABOUT THE HOST (RECEIVING) UNIVERSITY IN A PARTNER COUNTRY**

|  |  |
| --- | --- |
| Receiving University |  |
| Receiving faculty  Department / chair |  |
| Address, city and country |  |
| Web page |  |
| Contact person at the receiving University |  |
| Position of the contact person |  |
| Phone of the contact person |  |
| E-mail of the contact person |  |

**PROPOSED MOBILITY AT THE HOST (RECEIVING) UNIVERSITY**

|  |  |  |
| --- | --- | --- |
| Planned mobility period | *day-month-year – day-month-year* | |
| Total number of mobility days  (without travel days included) |  | |
| Number of travel days requested for funding (max. 2 days) |  | |
| Purpose of the Erasmus+ mobility  *(mark relevant information)* | Staff training | Teaching |

**DOUBLE FINANCING DISCLAIMER**

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| --- |
| If awarded financial support for the above proposed Erasmus+ mobility, I declare that I will not use other funding resources for the realization of proposed mobility that originate from the European Union funds or programmes.  *Signature* |

**CONSENT TO DISCLOSURE OF PERSONAL INFORMATION**

|  |
| --- |
| **By submitting my application, I affirm that I have read and understood all provisions of the Call for Applications within the Erasmus+ project no. 2020-1-HR01-KA107-077227 and that I give my consent to coordinating HEI, the Zagreb University of Applied Sciences, to publicly disclose my name, my personal information and my mobility activity data before, during and after the mobility.**  *Signature* |

Place and date of application submission:

*Note: this form has to be signed and scanned together with other application documents and sent to e-mail:* [*erasmus@tvz.hr*](mailto:erasmus@tvz.hr)*.*