E R A S M U S + K A \_\_\_\_\_\_

APPLICATION FORM STAFF MOBILITY FOR TRAINING

|  |  |
| --- | --- |
| **NAME AND SURNAME** |  |
| **DATE AND PLACE OF BIRTH** |  |
| **CITIZENSHIP** |  |
| **PASSPORT NUMBER AND VALIDITY** |  |
| **CURRENT ADDRESS** |  |
| **MOBILE PHONE NUMBER** |  |
| **E-MAIL** |  |
| **SEX** | **M** | **F** |

|  |  |
| --- | --- |
| **HOME FACULTY** |  |
| **DEPARTMENT** |  |
| **ACADEMIC TITLE** |  |
| **SCIENTIFIC/PROFESSIONAL FIELD** |  |

|  |  |
| --- | --- |
| **HOST FACULTY/DEPARTMENT:** |  |
| **CONTACT PERSON/COORDINATOR** |  |
| **CONTACT PERSON'S E-MAIL ADDRESS** |  |
| **ACADEMIC YEAR of proposed mobility** | **20../20..** |
| **SEMESTER of proposed mobility** |  |
| **MOBILITY DURATION IN DAYS (minimum duration is 2 days and maximum is 5)** |  |
| **PROPOSED MOBILITY DATES (dd/mm/yy – dd/mm/yy)** |  |

\*I, the undersigned, certify that all information herein is correct to the best of my knowledge and that I am aware of the eligibility criteria for obtaining the Academy od applieds studies Sabac’s grant for Erasmus+ mobility. By signing this document I hereby give my consent to the Academy od applieds studies Sabac to collect and process my personal information provided by application documentation, in accordance with the Law on Personal Data Protection.

Signature:

Place and date: