

Erasmus+ project No. 2015-2-HR01-KA107-021514

APPLICATION FORM

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 (permanent employment contract) Part-time employment (Employment contract valid until <u>dd/mm/yyyy</u>) Part-time associate (agreement on cooperation with the home university valid until <u>dd/mm/yyyy</u>)

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	<i>day-month-year – day-month-year</i>	
Total number of mobility days (without travel days included)		
Number of travel days requested for funding (max. 2 days)		
Purpose of the Erasmus+ mobility <i>(mark relevant information)</i>	Staff training	Teaching
Mobility Flow Reference Number (as indicated in the Mobility Flow Plan)		

DOUBLE FINANCING DISCLAIMER

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. 2015-2-HR01-KA107-021514 and that I give my consent to coordinating HEI, the University North, 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: international@unin.hr until the deadline defined in the call.