Erasmus+ Staff Training Mobility Program

Application Form

2019/2020

*Kindly fill application electronically, handwritten applications will not be accepted. When filling in date, please use format DD/MM/YYYY.*

PERSONAL DATA

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

\*Seniority: Junior (approx.. < 10 years of experience), Intermediate (approx.. > 10 and < 20 years of experience) or Senior (approx.. > 20 years of experience)

PROPOSED MOBILITY ABROAD

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| --- | --- | --- |
| Receiving Institution: | | Erasmus code (if applicable): |
| 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 | | |

Erasmus+ Mobility Program - Staff Training

work plan

Overall objectives of the mobility

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Added value of the mobility (in the context of the modernisation and internationalisation strategies of the institutions involved)

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Activities to be carried out

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Expected outcomes and impact (E.g. on the professional development of the staff member and on both institutions)

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APPROVALS (Signatures)

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| --- | --- |
| 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 receiving institution:    Date: | Signature |