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

|  |  |  |
| --- | --- | --- |
| 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

|  |  |
| --- | --- |
| 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 |