# ERASMUS+ STAFF MOBILITY
# APPLICATION FORM

Application deadlines: Winter semester 1-30 April, Spring semester 1-30 October
Complete applications must be sent to: international@umib.net

| 1. Personal Information | 1.1 First Name / Last Name: |
| --- | --- |
| | 1.3 Date of Birth: |
| | 1.4 Gender: <br> ☐ Male ☐ Female |
| | 1.5 Current Position/Job Title: |
| | 1.6 Department/Faculty: |
| | 1.7. E-mail Address: |
| | 1.8 Home Address: |
| **2. Erasmus Experiences** | 2.1 Have you taken part in Staff Erasmus programme in the past? <br> ☐ Yes *(If yes, please give details and date below)* ☐ No <br><br> 1. <br> 2. <br> 3. |
| **3. Staff Mobility Activity Information** | 3.1 Type of Requested Activity: <br><br> ☐ Staff Teaching Mobility ☐ Staff Training Mobility |
| | 3.2 Name of Host University/Organisation: |
| | 3.3 Name, position and e-mail address of your contact person at the Host Institution: |
| | 3.4 Country: City: |
| | 3.5 Dates of proposed exchange (actual Teaching/Training days only) (dd/mm/yyyy) <br> From: To: |
| | 3.6 Total number of Teaching/Training days: |
| | 3.7 Total planned of Teaching/Training hours: |

| 4. Aims and Objectives | 4.1. Overall Objectives of the Mobility:<br><br>    1.<br>    2.<br>    3. |
|---|---|
| | 4.2. Added value of the Mobility (both for the Institutions involved and for the staff). Why do you want to participate in the mobility? |
| **5. Academic Publications** | 5.1. Academic Publications (published while working at UIBM):<br><br>    1.<br>    2.<br>    3. |
| **6. Terms of Application** | By participating in Erasmus+ Staff mobility I agree:<br><br>&bull; To complete all required paperwork and final report,<br>&bull; To disseminate information about my experiences afterwards,<br>&bull; To share info on partner university with colleagues, |
| | 6.1. Language knowledge:<br>*B2 English language knowledge<br>Issuing institution: _____<br>Date: _____ |
| | Signature of Applicant:<br><br>Name and Surname:<br><br>Date: |