

ERASMUS STAFF TEACHING / TRAINING APPLICATION FORM

|  |  |
| --- | --- |
| **Project Year: 20 /20** | Academic Staff  Administrative Staff |
| **Name-Surname:** |  |
| **ID Number:** |  |
| **Nationality:** |  |
| **Date of Birth (dd/mm/yyyy):** |  |
| **Gender:** |  |
| **Faculty/Department:** |  |
| **Title / Position:** | Lecturer  Assistant Prof.  Associate Prof.  Prof.  Administrative Staff |
| **Type of Activity:** | Staff Teaching Mobility  Staff Training Mobility |
| **Full Name of Host Institution:** |  |
| **Start Date of the Mobility:** |  |
| **End Date of the Mobility:** |  |

HAVE YOU EVER PARTICIPATED IN AN ERASMUS/EU PROGRAMME BEFORE?

YES NO

IF YES,

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Name of**  **Programme** | **Host Institution** | **Year** | **Type of Activity** | **Country** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |

More than four times.