

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.