**ERASMUS+ STAFF MOBILITY**

**APPLICATION FORM**

|  |  |
| --- | --- |
| 1. **Personal Information**

*‘Biometric Passport**Standards’*PHOTO | 1.1 First Name / Last Name (in CAPS):  |
| 1.2.a. Citizenship/ID number: 1.2.b. Residence Permit number *(for Foreigner Applicants)*:  |
| * 1. Date of Birth:
 |
| * 1. Nationality:
 |
| * 1. Gender:

 [ ]  Male [ ]  Female |
| 1.6 Current Position/Job Title:  |
| 1.7 Department/Faculty:  |
| 1.8.a. Personal E-mail Address: 1.8.b. ‘Nisantasi University’ E-mail Address:  |
| 1.9 Home Address:  |
| 1.10.a. (Mobile) Number: 1.10.b. ‘Nisantasi University’ (Extension) Number: |
| 1.11 Passport Type: [ ]  Regular Passport [ ]  Special Passport *(Green Passport)* |
| 1. **Erasmus+ Experiences**
 | 2.1 Have you taken part in Staff Mobility through the Leonardo da Vinci or Erasmus programme in the past? [ ]  Yes *(If yes, please give details of the University and date below)* [ ]  No |
| 1. **Staff Mobility Activity Information**
 | 3.1 Type of Requested Activity: [ ]  Staff Teaching Mobility [ ]  Staff Training Mobility *(also complete section 4.a.) (also complete section 4.b.)* |
| 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 Language of Teaching/Training: |
| 3.6 Dates of proposed exchange (excluding travel days) (dd/mm/yyyy) From: To:  |
| 3.7 Total number of Teaching/Training days:  |
| 3.8 Total planned of Teaching/Training hours: |
| **4.a. Staff Teaching Mobility Specific Information** | 4.1.a. Proposed Teaching topic/title: |
| 4.2.a. Host University Department: |
| 4.3.a. Level of students you will be Teaching:[ ]  Associate/Undergraduate [ ]  Masters [ ]  Doctoral |
| 4.4.a. Subject teaching area (for the List of ISCED codes please **CLICK HERE**)Code:  |
| **4.b. Staff Training Mobility Specific Information** | 4.1.b. Type of Training: [ ]  Workshop / Course[ ]  Job shadowing[ ]  Staff Training Week[ ]  Other Please specify ………………………………… |
| 4.2.b. Type of host Institution/Organization (select appropriate economic sector codes from: <http://ec.europa.eu/eurostat/ramon/nomenclatures/index.cfm?TargetUrl=LST_NOM_DTL&StrNom=NACE_REV2&StrLanguageCode=EN>)Code: |
| 4.3.b. Full address of host organisation: |
| **5. College Support and Terms of Application** | 5.1 Applicant Agreement:By participating in Erasmus+ Staff mobility I agree:* To complete all required paperwork and final report,
* To disseminate information about my experiences afterwards,
* To share info on partner university with colleagues,
* If applicable, meet with Nisantasi University students (from any subject area) who are on exchange at the university,
* If applicable, meet with and answer queries from prospective future Erasmus+ applicants from Host University,
* To attach Staff Mobility for Teaching/Training Mobility Agreement, Letter of Invitation, Certificate of Foreign Language Proficiency (if applicable) and Applicant’s Photo,
* Erasmus+ grant funds are a contribution to costs and may not cover all costs – I have agreed with my School how any excess costs will be funded.
 |
| 5.2 Applicant Signature: **I confirm that I have discussed the Proposed Work Plan both with a representative of the proposed Host Institution and with my Erasmus+ Departmental Coordinator, Head of Department and Dean of Faculty at the Nisantasi University.** |
| Signature of Applicant:Name and Surname:Date: |
| 5.3 NU Unit Approval: **I confirm that this proposed mobility has been approved at College Level.** |
| Head of the Department / Unit:*(Both for academic & administrative staff)*Name and Surname:Signature:Date: | Dean of the Faculty:*(Only for academic staff)*Name and Surname:Signature:Date: |

Please return this completed form, together with a **‘Letter of Invitation/Acceptance’** and **‘Staff Teaching/Training Agreement’** form from the proposed Host Institution confirming that they are willing to host your mobility, to:

Nişantaşı University - **International Office**