**ERASMUS+ STAFF MOBILITY**

**APPLICATION FORM**

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| 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 (using ISCED codes, see: <http://ec.europa.eu/education/tools/isced-f_en.htm>)  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:

Nisantasi University - **International Office**