

ERASMUS+ STAFF APPLICATION FORM

PERSONAL DATA OF THE APPLICANT

|  |  |  |
| --- | --- | --- |
| NAME(S) |  | |
| SURNAME(S) |  | |
| ACADEMIC TITLE / DEGREE |  | |
| DATE OF BIRTH |  | |
| PLACE AND COUNTRY OF BIRTH |  | |
| CITIZENSHIP |  | |
| GENDER | M | F |
| PERSONAL IDENTITY NUMBER |  | |
| PERMANENT ADDRESS |  | |
| TEMPORARY ADDRESS  *(if different than the permanent address)* |  | |
| PHONE NUMBER |  | |
| MOBILE PHONE NUMBER |  | |
| E-MAIL ADDRESS |  | |
| DISABILITY STATUS OR SPECIAL NEEDS | yes | no |
| IF YES, PROVIDE SHORT DESCRIPTION OF THE DISABILITY OR SPECIAL NEEDS WITH REFERENCE TO MOBILITY REALIZATION |  | |

EMPLOYMENT DATA OF THE APPLICANT

|  |  |
| --- | --- |
| HOME UNIVERSITY (EMPLOYER) |  |
| HOME FACULTY / DEPARTMENT / CHAIR / OFFICE |  |
| TITLE OF THE JOB POSITION |  |
| SCIENTIFIC OR TEACHING TITLE / DEGREE  *(only for teaching staff)* |  |
| EMPLOYMENT STATUS AT HOME UNIVERSITY  *(mark relevant information)* | Full-time employment (permanent employment contract)  Part-time employment (Employment contract valid until *dd/mm/yyyy)*  Part-time associate (agreement on cooperation with the home university valid until *dd/mm/yyyy)* |

LANGUAGE COMPETENCE

|  |  |
| --- | --- |
| MOTHER TONGUE |  |
| LANGUAGE OF INSTRUCTION AT HOME INSTITUTION (IF DIFFERENT) |  |
| ENGLISH LEVEL |  |

DATA ABOUT THE HOME (SENDING) UNIVERSITY

|  |  |
| --- | --- |
| SENDING UNIVERSITY |  |
| SENDING FACULTY  DEPARTMENT / CHAIR |  |
| ADDRESS, CITY AND COUNTRY |  |
| WEB PAGE |  |
| CONTACT PERSON AT THE SENDING UNIVERSITY |  |
| POSITION OF THE CONTACT PERSON |  |
| PHONE OF THE CONTACT PERSON |  |
| E-MAIL OF THE CONTACT PERSON |  |

PROPOSED MOBILITY AT THE HOST (RECEIVING) UNIVERSITY

|  |  |  |
| --- | --- | --- |
| PLANNED MOBILITY PERIOD | *day-month-year – day-month-year* | |
| TOTAL NUMBER OF MOBILITY DAYS  (without travel days included) |  | |
| NUMBER OF TRAVEL DAYS REQUESTED FOR FUNDING (max. 2 days) |  | |
| PURPOSE OF THE ERASMUS+ MOBILITY  *(mark relevant information)* | Staff training | Teaching |
| MOBILITY FLOW REFERENCE NUMBER (as indicated in the Mobility Flow Plan) |  | |

DOUBLE FINANCING DISCLAIMER

If awarded financial support for the above proposed Erasmus+ mobility, I declare that I will not use other funding resources for the realization of proposed mobility that originate from the European Union funds or programmes.

*Signature*

CONSENT TO DISCLOSURE OF PERSONAL INFORMATION

By submitting my application, I affirm that I have read and understood all provisions of the Call for Applications within the Erasmus+ project No. 2017-1-HR01-KA107-035107 and that I give my consent to coordinating HEI, the Armenian State University of Economics, to publicly disclose my name, my personal information and my mobility activity data before, during and after the mobility.

*Signature*