**ERASMUS PROGRAMME**

**STAFF MOBILITY – STAFF TRAINING**

**Application form**

Work plan

For the staff training grants, the selection of the HEI's staff will be done by the sending institution on the basis of a "work plan" submitted by the applicant and endorsed by both the sending institution and the host institution.

**PERSONAL DATA**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Family name |  | | | | |
| First name(s) |  | | | | |
| Date and place of birth |  | | | | |
| Citizenship |  | | | | |
| Gender | M |  | | F |  |
| Home address |  | | | | |
| Telephone | Home |  | Mobile | |  |
| Fax |  | | | | |
| E-mail address |  | | | | |
| Passport number |  | | | | |
| Faculty, department |  | | | | |
| Scientific degree |  | | | | |
| Position held |  | | | | |

**HOME INSTITUTION**

|  |  |
| --- | --- |
| Name of the home institution: |  |
| Country | Croatia |
| Erasmus code |  |
| Name of the contact person,  position held |  |

**HOST INSTITUTION/ENTERPRISE**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of the host institution/enterprise |  | | |
| Faculty and department/unit/office of the HEI\* or department/unit of the enterprise |  | | |
| Erasmus code (only for HEI) |  | | |
| Country |  | | |
| Name of the contact person (title and position) |  | | |
| Size of the enterprise (not for HEI) | small (1-50 staff) | medium (51-500 staff) | large (501 or more staff) |
|  |  |  |
| Sector/type of the host enterprise  (not for HEI) |  | | |

\* HEI = Higher Education Institution

**LANGUAGE COMPETENCE OF THE APPLICANT**

Evaluate your language competence by using the Common European Framework of Reference for Languages codes (e.g. A1, A2, B1, B2, etc.).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Language | *Reading* | *Writing* | *Speaking* | *Listening* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**EXCHANGE**

|  |  |  |
| --- | --- | --- |
| Term (winter/summer) |  | |
| Intended date of | departure  from Karlovac:.. | returning  to Karlovac:. . |
| Intended date of | arrival at the  host institution:.. | departure from  the host institution:. . |
| Duration of stay at the host institution (in days) |  | |
| Subject of training |  | |
| Working language |  | |
| Overall aim and objectives of the mobility | | |
| Work plan: activities to be carried out and, if possible, the programme for the period  *Day 1* –  *Day 2* –  *Day 3* –  *Day 4* –  *Day 5*... | | |
| Expected results | | |
| Dissemination of the experience/results of your mobility in your home institution/faculty/department/ office | | |

\* Prior to departure, applicants should contact their colleagues at the host university/enterprise and agree on the details regarding the work plan and duration of the stay.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date: |  |  | Signature of the participant: |  |

|  |  |  |
| --- | --- | --- |
| Signature and stamp of hosting institution: |  | Signature and stamp of home institution: |

|  |  |  |
| --- | --- | --- |
|  |  |  |

(name, function and signature of the signee) (name, function and signature of the signee)