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**APPLICATION FORM FOR ERASMUS+ INCOMING STAFF**

**ERASMUS+ PROJECT 2023-1-HR01-KA131-HED-000113708**

This application should be completed electronically, printed and signed.

**PERSONAL INFORMATION**

Name(s) and surname(s): Click here to enter text.

Academic title / degree: Click here to enter text.

Date of birth: (dd/mm/yyyy) Click here to enter text.

Place and country of birth Click here to enter text.

Citizenship: Click here to enter text. Sex: M  F

Home address: Click here to enter text.

Mailing address (if different): Click here to enter text.

Phone number: Click here to enter text. Mobile phone number: Click here to enter text.

E-mail: Click here to enter text.

Disability status or special needs\*: Yes  No

\* If yes, provide short description of the disability or special needs with reference to the realization of mobility on a separate sheet of paper.

**INFORMATION ABOUT THE HOME INSTITUTION**

Name of the home university: Click here to enter text.

Home faculty/department/chair/office: Click here to enter text.

Title of the job position: Click here to enter text.

Scientific or teaching title / degree (*for teaching staff only*): Click here to enter text.

**LANGUAGE COMPETENCES (**CEFR - [*Common European Framework of Reference for Languages*](http://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr)*)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Mother tongue: | Click here to enter text. | | | |
|  | Excellent | Very good | Good | Sufficient |
| Language to be used during the Erasmus+ mobility: |  |  |  |  |

**INFORMATION ABOUT THE MOBILITY PERIOD AT UNIVERSITY OF ZADAR**

Name of the receiving department: Click here to enter text.

Name and position of the contact person at the University of Zadar:

Click here to enter text.

Phone number of the contact person: Click here to enter text.

E-mail address of the contact person: Click here to enter text.

Duration of mobility *(from – to)*: Click here to enter a date. – Click here to enter a date.

Number of mobility days (without travel days included): Click here to enter text.

Total number of mobility days (with travel days included): Click here to enter text.

Purpose of the Erasmus+ mobility:

- Teaching assignment Yes  No

- Staff training Yes  No

**EMPLOYMENT STATUS CERTIFICATE**

To be filled by the responsible person at the sending institution:

Name of the institution: Click here to enter text.

Name and surname of the responsible person: Click here to enter text.

E-mail of the responsible person: Click here to enter text.

Phone of the responsible person: Click here to enter text.

Hereby I confirm that the applicant Click here to enter text. (name and surname of the applicant) is employed at the University of Click here to enter text. (name of the home institution) as:

* Full time employee (permanent employment contract)
* Part-time employee (employment contract expires on Click here to enter a date.)
* Part-time associate (agreement on cooperation with home university expires on

Click here to enter a date.)

Responsible person’s signature and stamp:

Date: Click here to enter a date. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DOCUMENTS TO BE ATTACHED TO THE APPLICATION**

1. Completed and signed Application form for Erasmus+ Incoming staff (in original);
2. Staff Mobility Agreement for Teaching / Staff Mobility Agreement for Training;
3. Invitation letter;
4. Curriculum Vitae (*Europass* CV format);
5. Proof of citizenship (copy of passport).

These documents have to be sent in English as a **PDF files** to [erasmus\_ka171@unizd.hr](mailto:erasmus_ka171@unizd.hr).

**DOUBLE FINANCING DISCLAIMER**

Under criminal and material responsibility I declare that no other scholarship originating from the European Union was awarded to me for the purpose of mobility I am applying for.

**CONSENT TO DISCLOSURE OF PERSONAL INFORMATION**

By submitting this application I confirm that I have read and understood all the provisions of the Call for Applications for the Erasmus+ project No.:2023-1-HR01-KA131-HED-000113708 and that I will comply with its terms and conditions. Also, by submitting this application I give my consent to the University of Zadar, acting as a coordinating institution, to publicly disclose my personal information and my mobility activity data before, during and after the mobility period.

Date and place: Applicant’s Signature:

Click here to enter a date. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_