**APPLICATION FORM FOR ERASMUS MOBILITY  
For teaching and non-teaching staff**

**PERSONAL DATA:**

|  |  |  |
| --- | --- | --- |
| Name and surname |  | |
| Degree / title |  | |
| Date of birth |  | |
| Place of birth / country of birth |  | |
| Citizenship |  | |
| Gender | M | F |
| OIB |  | |
| Home address (street number, city, zip code) |  | |
| Address of residence (if different from home address) |  | |

**CONTACT INFORMATION:**

|  |  |
| --- | --- |
| Telephone number |  |
| Cell Phone number |  |
| E-mail address |  |

**EMPLOYMENT DATA:**

|  |  |  |
| --- | --- | --- |
| Department / Office in which the candidate is employed |  | |
| Title of the position |  | |
| Teaching position (for teachers only) |  | |
| Discipline / field / branch within which the teacher holds classes |  |  |
| Employment contract concluded on (mark) | indefinite period | specified time to day-month-year (date of expiry of the contract) |

*\**Specifying and labeling nouns in this form can not in any sense be interpreted as a basis for sex / gender discrimination or privilege.

**LINGUISTIC COMPETENCE:**

|  |  |
| --- | --- |
| Mother tongue |  |
| The language in which Erasmus activity will be held |  |

**KNOWLEDGE OF A FOREIGN LANGUAGE IN WHICH ERASMUS ACTIVITY WILL BE HELD:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Foreign language \*\* | comprehension | | speaking | | writing |
| . | *listening* | *reading* | *spoken interaction* | *spoken production* | . |
| . | . | . | . |

*\*\**Data of knowledge of a foreign language is based on self-assessment by the Common European Framework

**DATA OF THE HOST INSTITUTIONS ABROAD:**

|  |  |  |
| --- | --- | --- |
| Name of the host institution abroad |  | |
| Name of host faculty / department / departments / offices |  | |
| Address, city and country |  | |
| Web page |  | |
| Contact person at the host institution |  | |
| Function of the contact person |  | |
| Telephone of the contact person |  | |
| E-mail of the contact person |  | |
| Do you have a Letter of Acceptance of above mentioned institution\*\*\* | yes | no |

*\*\*\**Letter of Acceptance is not a precondition for application for the competition

**DATA OF PLANNED STAY ABROAD:**

|  |  |  |
| --- | --- | --- |
| Planned period of mobility | *day-month-year – day-month-year* | |
| The total number of working days of mobility (without the trip time) |  | |
| Purpose of Erasmus stay abroad | professional development | maintenance of classes |

**INFORMATION ABOUT PREVIOUS PARTICIPATION IN MOBILITY PROGRAMS:**

|  |  |  |
| --- | --- | --- |
| Have you participated in the Erasmus program or in the program of bilateral mobility? | yes | no |
| If yes, specify the name of the program, location and period of mobility |  | |

**STATEMENT OF DOUBLE FUNDING:**

|  |
| --- |
| Under material responsibility I declare that I am not a user of another source of funding allocated for the implementation of the subject mobility from the funds originating from the funds or the European Union budget.  *Signature of the candidate* |

Place and date:

Signature of the candidate:

Note: This application form must be accompanied by: a curriculum or lesson plans, curriculum vitae, a copy of proof of citizenship, the employer's confirmation on the status of employees, the form of additional funding for staff with disabilities. All prescribed forms should be printed on the computer. The application form along with other documents should be sent by registered mail to the address: Karlovac University of Applied Sciences, Trg J.J. Strossmayera 9, 47 000 Karlovac, with a mark for Erasmus mobility.