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**WESTERN SERBIA ACADEMY OF APPLIED STUDIES**

**STAFF APPLICATION FORM**

**ERASMUS+ MOBILITY PROGRAMME**

**PERSONAL INFORMATION**

|  |  |
| --- | --- |
| NAME AND SURNAME: | Click here to enter text. |
| DATE OF BIRTH: | Click here to enter text. |
| PLACE AND CUNTRY OF BIRTH: | Click here to enter text. |
| CITIZENSHIP: | Click here to enter text. |
| Unique Personal Identification Number: | Click here to enter text. |
| CURRENT ADDRESS: | Choose an item. |
| PERMANENT ADDRESS: | Choose an item. |
| PHONE NUMBER: | Choose an item. |
| E-MAIL ADDRESS: | Choose an item. |
| Are you submitting a proof of disability? | YES:  NO: |

**SENDING INSTITUTION**

|  |  |
| --- | --- |
| DEPARTMENT: | Click here to enter text. |
| POSITION: | Click here to enter text. |
| SCIENTIFIC FIELD: | Click here to enter text. |
| Have you received an Erasmus+ scholarship before? | YES:  NO: |
| If YES, please specify the following: | No. of Erasmus+ scholarships: Click here to enter text.  Name(s) of host institutions: Click here to enter text.  Type of mobility: Click here to enter text.  Duration of mobility: Click here to enter text. |

**HOST (RECEIVING) INSTITUTION**

|  |  |
| --- | --- |
| NAME AND PLACE OF HOST NSTITUTION: | Click here to enter text. |
| CONTACT PERSON AND E-MAIL ADDRESS: | Click here to enter text. |
| SEMESTER AND ACADEMIC YEAR OF MOBILITY: | Click here to enter text. |
| PROPOSED MOBILITY DATES (dd/mm/yy): | Click here to enter text. |
| PURPOSE OF MOBILITY: | TEACHING:  TRAINING:  TEACHING AND TRAINING: |

NOTE: For the information about the processing and protection of your personal data please visit the following link:

<https://webgate.ec.europa.eu/erasmus-esc/index/privacy-statement>

I hereby state that my mobility period abroad within Erasmus+ shall not be financed by other sources originating from the EU funds.

I hereby confirm that the documents submitted in the application are true and correct and that the data they provide can be used by the persons authorised to check, process, keep and use them for the purposes of participation in the Erasmus+ Call and Erasmus+ mobility.

Date and place: Applicant’s name:

Click here to enter text. Click here to enter text.