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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: <input type="checkbox"/> NO: <input type="checkbox"/>

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: <input type="checkbox"/> NO: <input type="checkbox"/>
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.

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	Type of mobility: Click here to enter text.
	Duration of mobility: Click here to enter text.

HOST (RECEIVING) INSTITUTION

NAME AND PLACE OF HOST INSTITUTION:	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: <input type="checkbox"/> TRAINING: <input type="checkbox"/> TEACHING AND TRAINING: <input type="checkbox"/>

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:

Click here to enter text.

Applicant's name:

Click here to enter text.

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