**APPLICATION FORM FOR THE INVITED INCOMING STAFF NOT EMPLOYED BY THE HEIs APPLYING FOR ERASMUS+ GRANT - STAFF TEACHING MOBILITY**

**PERSONAL INFORMATION**

|  |  |
| --- | --- |
| Name and surname |  |
| Date, place and country of birth |  |
| Citizenship |  |
| E-mail address |  |
| Home address, city and country |  |
| Home Institution / Organization |  |
| Job/workplace title |  |

**LANGUAGE PROFICIENCY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | EXCELLENT  | VERY GOOD  | GOOD  | SUFFICIENT  |
| **ENGLISH** **Other languages:** **\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_** | [ ]   [ ] [ ]   | [ ]    [ ]  [ ]    | [ ]    [ ]  [ ]    | [ ]    [ ]  [ ]   |

**CONTACT PERSON AT THE DEPARTMENT OF THE UNIVERSITY OF APPLIED SCIENCES Baltazar Zaprešić**

|  |  |
| --- | --- |
| Host department / study programme |  |
| Duration of mobility (min. 1 day, excluding travel days) |  |
| Agreed period of mobility  | *from [day/month/year] to [day/month/year]* |
| Host department at UAS Baltazar |  |
| Contact person at UAS Baltazar |  |
| Contact person’s e-mail address |  |
| Name of class/lecture  |  |
| Study level of teaching (bachelor/master)  |  |
| Estimated number of students benefiting from the teaching programme  |  |
| Type of mobility | PhysicalYes [ ]  No [ ]  | VirtualYes [ ]  No [ ]  | BlendedYes [ ]  No [ ]  |

**DOUBLE FINANCING DISCLAIMER**

By submitting this Application Form and 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 Form I confirm that I have read and understood all the provisions of the Call for Applications within the Erasmus+ KA131 Project and that I will comply with its terms and conditions. Also, by submitting this application I give my consent to the University of Applied Sciences Baltazar Zaprešić, 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:

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**Mobility application for Erasmus+ grant consists of the following documents:**

1. ***Application form – Invited staff from enterprises***(filled in and signed by the applicant)

2. ***Staff Mobility Agreement for Teaching***- (signed by all sides)

3. ***Invitation Letter***(issued and signed by the contact person at the host department of the University of Zadar);

4. ***Copy of European Health Insurance Card (EHIC) or travel health insurace****;*

5. ***Employment status certificate*** (candidate cannot be employed by a higher education institution);

6. ***CV*** (in English);

**Application with all the documents must be sent to the e-mail address** **kdololabus@bak.hr** **no later than January 27th 2024**