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| univ_belgrade_enhttps://www.youthpass.eu/static/common/img/logo-program/logo-erasmus-plus.png**STAFF APPLICATION FORM** **ERASMUS+ PROGRAMME**Click here to choose academic year |

**I PERSONAL DATA**

|  |  |  |
| --- | --- | --- |
| First Name | Enter text. | Insert a photo |
| Family Name | Enter text. |
| Gender | Choose an item. |
| Date of Birth | Enter a date. |
| Place of Birth | Enter text. |
| Nationality | Enter text. |
| Passport number | Enter text. |

**II CONTACT INFORMATION**

|  |  |
| --- | --- |
| e-mail | Enter text. |
| Phone number | Enter text. |
| Current address | Enter text. |
| Permanent address (if different) | Enter text. |

**III SENDING INSTITUTION**

|  |  |
| --- | --- |
| University | University of Arts in Belgrade |
| Faculty | Choose an item. |
| Category of Staff | Choose an item. |
| Department/Unit | Enter text. |
| Scientific/Professional/Artistic Field | Enter text. |

**IV LANGUAGE PROFICIENCY**

|  |  |
| --- | --- |
| Do you have the required level of foreign language competences for the mobility you are applying for? | Choose an item. |
|  |  |
| Languages | excellent | well | basic | passive |
| English | Choose an item. | Choose an item. | Choose an item. |[ ]
| Add a language | Choose an item. | Choose an item. | Choose an item. |[ ]

**V HOST INSTITUTION**

|  |  |
| --- | --- |
| Country | Enter text. |
| City | Enter text. |
| University/Academy | Enter text. |
| Department/Unit | Enter text. |
| Purpose of Mobility | Choose an item. |
| Planned Period of Mobility | Choose an item. |
| Planned Duration of Mobility | 5 working days (+ 2 travel days) |
| Planned Dates of Mobility (in days, with travel, in order to cover the proposed Mobility Plan) | from Enter a date. | to Enter a date. |
| Are you applying for 2 universities/academies in this Call? | Choose an item. |
| If yes:(you need to submit 2 separate complete applications) | Please enter your 1st Choice (Priority) | Please enter your 2nd Choice (Priority) |
| Enter text. | Enter text. |
| Contact at Host University/Academy who will host your mobility | Enter text. | Enter text. |

**VI ERASMUS+ SCHOLARSHIP**

|  |  |
| --- | --- |
| Have you ever received Erasmus+ Scholarship before? | Choose an item. |
| If yes, how many times? | Enter text. |
| Also, please provide the name(s) of host university/universities | Enter text. |
| The number of incoming Erasmus students you have taught so far (only for academic staff) | Choose an item. |
| Other international activities and participation in the internationalization process (if applicable) | Enter text. |
| Previous work with Erasmus students / staff participating in mobility (only for administrative staff) | Enter text. |
| Are you applying for additional funds for staff with disability, as described in the Call? | Choose an item. |

I hereby state that my study period abroad within Erasmus+ will not be financed by other EU funds.

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

Date and place: Enter a place., Enter a date.

**CHECKLIST**

Required documents for all candidates:

|  |
| --- |
|[ ]  Staff Application Form |
|[ ]  E+ Mobility Agreement proposal |
|[ ]  Passport scan |
|[ ]  Signed Statement of Data Protection Compliance |
|[ ]  List of subjects provided in UAB Course Catalogue (only for academic staff) |

Optional additional documents, if applicable:

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| --- |
|[ ]  Pre-invitation letter from the Host institution or proof of an Erasmus+ related event participation (staff week etc.)  |
|[ ]  Any other specific document required by a Host university, if indicated in the Call |

If you are applying for additional funds as a staff with disability, after the selection process is done you will be asked to also submit:

|  |
| --- |
|[ ]  Adequate proof of staff with disability and supporting documents, as described in the Call  |