|  |  |  |  |
| --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | | univ_belgrade_en |  | https://www.youthpass.eu/static/common/img/logo-program/logo-erasmus-plus.png |   **APPLICATION FORM**  **STAFF MOBILITY**  **Erasmus+** *Choose a programme*  *Enter Academic Year.*    Photo |

**I PERSONAL DATA**

|  |  |
| --- | --- |
| First Name |  |
| Family Name |  |
| Gender | *Choose.* |
| Date of Birth | *Enter a date.* |
| Place of Birth |  |
| Nationality |  |
| Passport number |  |

**II CONTACT INFORMATION**

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

**III SENDING INSTITUTION**

|  |  |
| --- | --- |
| University | **University of Arts in Belgrade** |
| Faculty | *Choose a faculty.* |
| Category of Staff | *Choose a category.* |
| Department/Unit |  |
| Artistic/Scientific/Professional Field |  |

**IV LANGUAGE PROFICIENCY**

|  |  |
| --- | --- |
| Mother Tongue |  |
| English Language | *Choose a level.* |
| *Choose a language in the host country* | *Choose a level.* |

**V HOST INSTITUTION**

|  |  |
| --- | --- |
| University/Academy |  |
| Country |  |
| Type of Mobility | *Choose a type.* |
| Planned Duration of Mobility | 5 working days (+ 2 travel days) |
| Planned Dates of Mobility (with travel) | Start: *Enter a date.* — End: *Enter a date.* |
| Contact person at Host Institution (name, title and email of your host) |  |

**VI ERASMUS+ FINANCIAL SUPPORT**

|  |  |
| --- | --- |
| Have you received an Erasmus+ financial support for mobility so far? | *Choose an item.* |
| If yes, how many times in last 3 years? | *Choose a number.* |
| Give us more details about these mobilities |  |
| For academic staff only: number of Erasmus+ incoming students you have taught so far | *Choose a number.* |
| For administrative staff only: Previous work with Erasmus students / staff participating in mobility |  |
| If applicable:  other international activities and participation in the internationalization process |  |
| Are you applying for additional funds for staff with disability?\* | *Choose an item.* |

\* Terms defined by the Call

**VII CHECKLIST\***

|  |  |
| --- | --- |
| Required documents for all candidates: | Staff Application Form  Erasmus+ Mobility Agreement  Passport scan  Signed statement of data protection compliance  List of subjects provided in UAB Course Catalogue (only for academic staff) |
| Additional documents, if required by the host institution: | 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 funding for staff with disabilities, after selection you will be asked to submit supporting documents, as described in the Call.

**VIII STATEMENT**

|  |
| --- |
| I hereby state that my Erasmus+ mobility will not be funded by other EU funds.  I confirm that all submitted documents are true and that the data they provide can be used by persons authorized to check process and evaluate applicants under the Erasmus+ Mobility Programme. |

**IX SIGNATURE**

|  |
| --- |
| I sign this application form electronically by ticking the box. |

Date: *Click or tap to enter a date.*