

UNIVERSITY OF ZADAR

APPLICATION FORM FOR ERASMUS+ INCOMING STAFF

ERASMUS+ PROJECT 2018-1-HR01-KA107-047254

This application should be completed electronically, printed and signed.

PERSONAL INFORMATION

Name(s) and surname(s): _____

Academic title / degree: _____

Date of birth: (dd/mm/yyyy) _____ Place and country of birth _____

Citizenship: _____ Sex: M ☐ F ☐

Home address: _____

Mailing address (if different): _____

Phone number: _____ Mobile phone number: _____

E-mail: _____

Disability status or special needs*: Yes ☐ No ☐

* If yes, provide short description of the disability or special needs with reference to the realization of mobility on a separate sheet of paper

INFORMATION ABOUT THE HOME INSTITUTION

Name of the home university: _____

Home faculty/department/chair/office: _____

Title of the job position: _____

Scientific or teaching title / degree (*for teaching staff only*): _____

LANGUAGE COMPETENCES (CEFR - [*Common European Framework of Reference for Languages*](#))

Mother tongue:				
	Excellent	Very good	Good	Sufficient
Language to be used during the Erasmus+ mobility:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INFORMATION ABOUT THE MOBILITY PERIOD AT UNIVERSITY OF ZADAR

Name of the receiving department: _____

Name and position of the contact person at the University of Zadar:

Phone number of the contact person: _____

E-mail address of the contact person: _____

Duration of mobility (*from – to*): dd/mm/yyyy – dd/mm/yyyy

Number of mobility days (without travel days included): _____

Total number of mobility days (with travel days included): _____

Purpose of the Erasmus+ mobility:

- teaching assignment Yes ☐ No ☐- staff training Yes ☒ No ☐

EMPLOYMENT STATUS CERTIFICATE

To be filled by the responsible person at the sending institution:

Name of the institution: _____

Name and surname of the responsible person: _____

E-mail of the responsible person: _____

Phone of the responsible person: _____

Hereby I confirm that the applicant _____ (name and surname of the applicant) is employed at the University of _____ (name of the home institution) as:

- Full time employee (permanent employment contract) ☐
- Part-time employee (employment contract expires on dd/mm/yyyy) ☐
- Part-time associate (agreement on cooperation with home university expires on dd/mm/yyyy) ☐

Responsible person's signature and stamp:

Date: _____

DOCUMENTS TO BE ATTACHED TO THE APPLICATION

1. Completed and signed Application form for Erasmus+ Incoming staff (in original);
2. Staff Mobility Agreement for Teaching / Staff Mobility Agreement for Training;
3. Invitation letter (draft);
4. Curriculum Vitae (*Europass* CV format);
5. Proof of citizenship (copy of ID or passport).

These documents have to be sent in English both as a **PDF files** to erasmus@unizd.hr and by **standard post** to the following address:

Sveučilište u Zadru
Ured za međunarodnu suradnju
Mihovila Pavlinovića 1
23 000 Zadar,
Croatia

DOUBLE FINANCING DISCLAIMER

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 I confirm that I have read and understood all the provisions of the Call for Applications for the Erasmus+ project No.: 2018-1-HR01-KA107-047254 and that I will comply with its terms and conditions. Also, by submitting this application I give my consent to the University of Zadar, 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:
