**ERASMUS+ PROGRAMME**

**APPLICATION FORM FOR THE INCOMING STAFF APPLYING FOR ERASMUS+ GRANT FOR THE PURPOSE OF TEACHING MOBILITY AT THE UNIVERSITY OF ZADAR**

**PERSONAL INFORMATION**

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<th>First name:</th>
<th>Last name:</th>
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Date, place and country of birth:

____________________________________________________________________

Citizenship:  

________________________________  Sex:

M ☐  F ☐

Academic level/title:  

Home institution:

________________________________

E-mail address:

____________________________________________________________________

Phone No.:  

Cell phone No.:

________________________________  _______________________________
ADDRESS

Home address:

__________________________________________________________

City and postal code: Country:

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LANGUAGE PROFICIENCY

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<th>Language</th>
<th>EXCELLENT</th>
<th>VERY GOOD</th>
<th>GOOD</th>
<th>SUFFICIENT</th>
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CONTACT PERSON AT THE DEPARTMENT OF THE UNIVERSITY OF ZADAR

Name and surname of the contact person:

__________________________________________________________

Phone No.: E-mail address:

__________________________________________________________
INTENDED PERIOD OF MOBILITY

Number of working days spent at the University of Zadar (excluding travel days):

__________________________

FROM (day, month, year)       TO (day, month, year)

__________________________   __________________________

STATEMENT OF NON-DDOUBLE FINANCING

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.

________________________________

SIGNATURE

Mobility application consists of the following documents:

1. Application form (in English),
2. Mobility agreement for teaching signed by both sides,
3. Employment status certificate (candidate cannot be employed by a higher education institution),
4. Invitation letter from the host department of the University of Zadar,
5. Europass CV (in English)

**DEADLINE: 31 May 2017**

Please, send your original application by post to the following address:

Sveučilište u Zadru - Rektorat
Ured za međunarodnu suradnju
(s naznakom : Za Erasmus+ natječaj)
Mihovila Pavlinovića 1
23 000 ZADAR
CROATIA

and scanned copy by e-mail: iro_unizd@unizd.hr
Contact person for all the additional information:

Maja Kolega, prof.
Tel.: 023/200-642; Fax: 023/316-882
E-mail: mkolega@unizd.hr

Date and place:

________________________________________________

Signature:

________________________________________________