



## **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

First name:	Last name:	
Date, place and country of birth:		
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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:				
LANGUAGE PROFICIE	NCY					
	EXCELLENT	VERY GOOD	GOOD	SUFFICIENT		
ENGLISH						
Other languages:						
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-DOUBLE 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)

<b>DEADLINE:</b>
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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: <a href="mailto:iro\_unizd@unizd.hr">iro\_unizd@unizd.hr</a>

## Contact person for all the additional information:

Maja Kolega, prof. Tel.: 023/200-642; Fax: 023/316-882

E-mail: <u>mkolega@unizd.hr</u>

Date and place:	
Signature:	