



## 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:	
_____	
Citizenship:	Sex:
_____	M <input type="checkbox"/> F <input type="checkbox"/>
Academic level/title:	Home institution:
_____	_____
E-mail address:	
_____	
Phone No.:	Cell phone No.:
_____	_____

## ADDRESS

Home address:  _____	
City and postal code:  _____	Country:  _____

## LANGUAGE PROFICIENCY

	EXCELLENT	VERY GOOD	GOOD	SUFFICIENT
<b>ENGLISH</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other languages:</b> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 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):  _____	
<b>FROM</b> (day, month, year)  _____	<b>TO</b> (day, month, year)  _____

## STATEMENT OF NON-DOUBLE FINANCING

<p>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.</p> <p style="text-align: center;">_____ SIGNATURE</p>
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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: 20 November 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](mailto:iro_unizd@unizd.hr)**

**Contact person for all the additional information:**

Maja Kolega, prof.

Tel.: 023/200-642

E-mail: [mkolega@unizd.hr](mailto:mkolega@unizd.hr)

Marija Džaja Sikirić, dipl. oec.

Tel.: 023/200-588

E-mail: [mardzaja@unizd.hr](mailto:mardzaja@unizd.hr)

Date and place:

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Signature:

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