



## 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:<br><br>_____         |                       |
| City and postal code:<br><br>_____ | Country:<br><br>_____ |

**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:<br><br>_____ |                 |
| Phone No.:   | E-mail address: |
| _____  | _____           |

## INTENDED PERIOD OF MOBILITY

|   |   |
|---|---|
| Number of working days spent at the University of Zadar (excluding travel days):<br><br>_____ |   |
| <b>FROM</b> (day, month, year)<br><br>_____   | <b>TO</b> (day, month, year)<br><br>_____ |

## 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;">_____<br/>SIGNATURE</p> |
|---|

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: 13 October 2017, i.e. until the quota is fulfilled**

**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:**

Marija Džaja Sikirić, dipl. oec. tel.  
Tel.: 023/200-588; Fax: 023/316-882  
E-mail: [mardzaja@unizd.hr](mailto:mardzaja@unizd.hr)

Date and place:

---

Signature:

---