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| univ_belgrade_en |  | https://www.youthpass.eu/static/common/img/logo-program/logo-erasmus-plus.png |

**APPLICATION FORM****STAFF MOBILITY****ERASMUS+ PROGRAMME** *Enter Academic Year.*Photo |

**I PERSONAL DATA**

|  |  |
| --- | --- |
| First Name |  |
| Family Name |  |
| Gender |       |
| Date of Birth | *Enter a date.* |
| Place of Birth |       |
| Nationality |       |
| Passport number |       |

**II CONTACT INFORMATION**

|  |  |
| --- | --- |
| e-mail |       |
| Phone number |       |
| Current address |       |
| Permanent address (if different) |       |

**III SENDING INSTITUTION**

|  |  |
| --- | --- |
| Home University |       |
| Department/Unit |       |
| Artistic/Scientific/Professional Field |       |
| Category of Staff | *Choose a category.* |

**IV LANGUAGE PROFICIENCY**

|  |  |
| --- | --- |
| Mother Tongue |       |
| English Language | *Choose a level.* |
| Language at the host institution | *Choose a level.* |

**V HOST INSTITUTION**

|  |  |
| --- | --- |
| University | University of Arts in Belgrade |
| Faculty | *Choose a faculty.* |
| Department/Unit |       |
| Planned Period of Mobility | Start: *Choose a month.*, Choose a year. — End: *Choose a month.*, Choose a year. |
| Type of Mobility | *Choose a type.* |
| Planned Duration of Mobility | 5 working days (+ 2 travel days) |
| Planned Dates of Mobility (with travel) | Start: *Enter a date.* — End: *Enter a date.* |
| Contact person at Host Institution (name, title and email of your host) |       |

**VII CHECKLIST\***

|  |  |
| --- | --- |
| Required documents for all candidates: | [ ]  Staff Application Form[ ]  Erasmus+ Mobility Agreement[ ]  Passport scan[ ]  Signed statement of data protection compliance |

**VIII STATEMENT**

|  |
| --- |
| [ ]  I hereby state that my Erasmus+ mobility will not be funded by other EU funds.[ ]  I confirm that all submitted documents are true and that the data they provide can be used by persons authorized to check process and evaluate applicants under the Erasmus+ Mobility Programme. |

**IX SIGNATURE**

|  |
| --- |
| [ ]  I sign this application form electronically by ticking the box.  |

Date: *Click or tap to enter a date.*