# STAFF MOBILITY TO SLOVENIA FOR THE PURPOSE OF TRAINING (Higher Education Mobility Consortium Accreditation number: AKR-HE-2/17) – 2017/2018

# APPLICATION FORM

# INFORMATION ABOUT THE PARTICIPANT

|  |  |  |  |
| --- | --- | --- | --- |
| Last name (s) |  | First name (s) |  |
| Date of birth |  | Nationality |  |
| Email address |  |
| Permanent residence (full address) st |  |
| Passport number[[1]](#footnote-1) |  |
| Bank name(participant) |  |
| Bank address |  |
| Clearing/BIC/SWIFT number |  |
| Account/IBAN number |  |
| Name home institution |  |
| Address |  |
| Erasmus code (if applicable)  |  |
| Faculty/Department |  |

# INFORMATION ABOUT THE MOBILITY

|  |
| --- |
| Planned period of the mobility |
| FROM (dd/mm/yyyy) |  | TILL (dd/mm/yyyy) |  |
| Duration (months)  |  |
| Name receiving institution |  |
| Address |  |
| Erasmus code (if applicable)  |  |
| Faculty/Department |  |

**I, the undersigned** **request from the Higher Education Mobility Consortium a grant for my mobility**.

**I declare**:

[ ]  **that I am employed at the partner institution from the partner country participating in the Erasmus+ programme**

[ ]  **that I fulfil the condition of CALL FOR APPLICATIONS FOR THE CO-FINANCING OF STAFF MOBILITY FOR THE PURPOSE OF TRAINING IN THE FRAMEWORK OF THE ERASMUS+ MOBILITY PROGRAMME BETWEEN PROGRAMME AND PARTNER COUNTRIES (KA107) IMPLEMENTED BY HIGHER EDUCATION MOBILITY CONSORTIA (ACCREDITED UNDER NUMBER AKR-HE-2/17 BY CMEPIUS DECISION DATED 25.04.2017) FOR THE ACADEMIC YEAR 2017/2018**

[ ]  **that all information contained in this application are correct to the best of my knowledge**

Signature Place and Date: ............................................

..................................................

\*The Partner Country Institution needs to send the **signed and scanned application** form together with the below-listed attachments **by 15 June 2018 at 17:00 CET** by email, specifying “Application for the Erasmus+ KA107 Call – 2017/2018 – Teaching” in the subject of the email, to:

**Ms Kinga Kónya**

**Euro-Mediterranean University (Coordinator)**

kinga.konya@emuni.si

The application has to contain following attachments:

1. Application Form (Annex 1) – filled in, signed and scanned
2. Proposed Mobility Agreement
3. Motivation letter (no template provided)
4. CV in English (preferably Europass or similar)

*The selection criteria for the nomination are left entirely to the sending institution. When providing the nomination, the sending institution guarantees that all eligible staff members at its institution were given a fair and equal chance for participation and that the nominated student best matched for the mobility.*

1. Copy/scan of passport to be attached to the Application Form [↑](#footnote-ref-1)