Photo

**Erasmus+ KA171**

**Application form for Erasmus+ STAFF mobility (with partner countries)**

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| **Application details** |
| Academic year: | 20…-20… |
| Project number: | 2022-1-TR01-KA171-HED-000069445 |
| Partner country: |  |
| Partner university: |  |
| Type of mobility: | [ ]  Teaching[ ]  Training |

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| **Personal data** |
| National ID number: |  |
| First name and family name: |  |
| Date of birth: |  |
| Place of birth: |  |
| Citizenship/nationality: |  |
| Passport number: |  |
| Gender: | [ ]  Female [ ]  Male |
| Address: |  |
| Phone number: | + |
| E-mail: |  |
| Please name any disability, special needs or medical condition you have:(with a valid certificate) |  |
| Emergency contact person details: |  |
|  |  |
| English language proficency – test score: |  |
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| **Institutional information** |
| Academic title: |  |
| University: |  |
| Faculty/School: |  |
| Department/Programme: |  |
| Service time at the institution: |  |
| Current position as a faculty/department Erasmus/IRO coordinator: | [ ]  Yes [ ]  No |
| Have previously benefited from Erasmus+ staff mobility between partner countries (KA171) before: | [ ]  YesDates:Country: [ ]  No |
| Have you been involved in writing the ICM project proposal (Project number mentioned in this form) | [ ]  YesCountry:[ ]  No |

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| I hereby declare that all information provided in this application form is correct. I will notify the University if there are changes regarding the information given in this form. |
| I give the University permission to verify the information given in this form and to use my details for academic purposes within Erasmus+ programme mobility. |
| Place, Date:  |  |
| Staff’s signature: |  |

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