**Application for the call for the »Call for the mobility of staff within the ERASMUS+ KA171 programme for the period from 1. 3. 2024 to 30. 7. 2026«**

|  |  |  |
| --- | --- | --- |
| 1. **APPLICANT INFORMATION** | | |
|  | | |
| First Name and Surname |  | |
| Nationality |  | |
| Home address (street, house nr., postal number, country) |  | |
| Mobile nr. (reachable) |  | |
| UNG school / laboratory / centre |  | |
| E-mail address (reachable) |  | |
| Person with disabilities (circle) | YES | NO |
| Disability category |  | |
| I am applying for the Erasmus+ exchange for the first time (circle) | YES | NO |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **MOBILITY INFORMATION** | | | | | | |
|  | | | | | | |
| **TYPE OF MOBILITY I AM APPLYING FOR (circle)** | | | | | | |
| 1. Mobility for Teaching | 1. Mobility for Training | | | 1. Combined   (Teaching + Training) | | |
|  | |  | | | | |
| **NAME OF HOST INSTITUTION** | | | | | | |
| Name of host institution | |  | | | | |
| Country | |  | | | | |
|  | |  | | | | |
| **MOBILITY PERIOD** | | | | | | |
| Mobility duration (planned) | | From  (dd/mm/yy) | To  (dd/mm/yy) | | Days in total | Virtual component (days) (only for blended mobility) |
|  |  | |  |  |

By completing the application and submitting it, I agree that my personal data contained in this application are collected, processed, stored and transmitted for the implementation and monitoring of Erasmus+ mobility, for the needs of national authorities or holders of public authority and European Community bodies.

|  |  |
| --- | --- |
| **Place and Date:** | **Signature:** |