



KA 107 ERASMUS+ STAFF TRAINING MOBILITY APPLICATION FORM

PERSONAL DATA:	Name & Surname:		Date of Birth:	
	Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>	Nationality:	Citizenship ID. Nr:	Special Care Yes <input type="checkbox"/> No <input type="checkbox"/>
CONTACT INFORMATION: (Address, Telephone, Fax, E-mail)				
HOME (SENDING) UNIVERSITY				ERASMUS ID CODE:
	Faculty/School/Grad. School/:			
	Department/Unit:			
DEPARTMENTAL COORDINATOR (HOME):	Name & Surname:			
	Address:			
	Tel:	Ext:	Fax:	
	E-mail:		Web page: http://www.	
HOST (RECEIVING) UNIVERSITY/ ENTERPRISE	Name of the University/Enterprise:			ERASMUS ID CODE: (For Universities)
	Sector:	<u>Number of Staff:</u> Size of the Enterprise <input type="checkbox"/> Micro or Small (1-50) <input type="checkbox"/> Medium (50-250) <input type="checkbox"/> Big (250 or more staff)		
	Department/Unit:			
DEPARTMENTAL COORDINATOR (HOST):	Name & Surname:			
	Address:			
	Tel: +		Fax: +	
	E-mail:		Web page: http://www.	
DATE OF VISIT:	From:/...../20	To:/...../20	Period: (The number of days)Days.
GRANT PAYMENT:	%80 (€)		%20 (€)	
			%100 (€)	
AIMS & OBJECTIVES <small>(Please state overall aims and objectives of the mobility as articles)</small>				
EXPECTED RESULTS:				

