

**IMI-NOVA MOLDOVA**

Erasmus+ Mobility Programme  
**APPLICATION FORM - STAFF MOBILITY**

*All fields must be completed*

<b>Personal Information</b>	Full Name (surname in CAPS):
	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> <i>(mark applicable with an 'X')</i>
	Date of Birth:
	Nationality:
	Current Position/Job Title: PhD or Equivalent:
	Staff ID number:
	School/Division/Dept.:
	Seniority: Junior <input type="checkbox"/> Intermediate <input type="checkbox"/> Senior <input type="checkbox"/> <small>(less than 10 years experience) (10-20 years experience) (20+ years experience)</small>
	Email address:
	Telephone Number:
	Have you taken part in Staff Mobility through the EU or Erasmus programme in the past? Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes Where? _____
	Have you taken part in International Conferences and where?
Do you have any disability support needs? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details:	
<b>Proposed Training Placement Details</b>	Name and address (incl. country) of proposed host institution/enterprise *(see notes):

	host institution: TUKE Kosice Slovakia
	Size of host institution: Small <input type="checkbox"/> (50 staff or less)      Medium <input type="checkbox"/> (51-250 staff)      Large <input type="checkbox"/> (more than 251 staff)
	Name, position and email address of your contact person at the host institution:
	Economic Sector of TUKE Kosice:
	Proposed staff training dates:  Start date:  End date:
	Type of mobility:  Secondment/Job Shadowing <input type="checkbox"/> Teaching <input type="checkbox"/> Workshop/Training <input type="checkbox"/> <input type="checkbox"/> Other
	Language EU LEVEL: 1. 2. 3.
	Length of staff mobility period in days (excluding travel days):
	Number of travel days (max 2):
	Total number of hours activities carry out in the period:
	Approximate travel cost:
<b>Proposed Work Plan</b>	Please provide a clear set of aims and objectives for the proposed mobility:
	Please provide a detailed description of the activities to be undertaken (broken down by day if possible):
<b>Added Value</b>	Please explain the potential benefits of your participation in this mobility for you and your HE/School/Division/Dept.:

<b>Expected Results</b>	Please explain the expected outcomes

Signature of applicant	
Print Name	
Date	

Please return this completed form, **together with a copy of an email from the proposed TUBE confirming that they are willing to host your placement**, to the IMI-NOVA RECTORATE  
*Applications will be considered in the order in which they are received. Applications received after **15 April 2017** cannot be considered.*