**KA 107 ERASMUS+ STAFF TRAINING MOBILITY APPLICATION FORM**

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| **PERSONAL DATA:** | **Name & Surname:** | **Date of Birth:**  |
| **Gender:****Female** ❒  **Male** ❒ | **Nationality:**  | **Citizenship ID. Nr:**  | **Special Care****Yes** ❒  **No** ❒ |
| **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:**  |  **Number of Staff:****Size of the Enterprise** ❒ **Micro or Small (1-50)** ❒ **Medium (50-250)**  ❒ **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****(Please state overall aims and objectives of the mobility as articles)** |  |
| **EXPECTED RESULTS:**  |  |
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