**** ***Georgian Institute of Public Affairs (GIPA)***

**APPLICATION FORM**

**STAFF MOBILITY FOR TEACHING (STA)**

**OUTGOING STAFF**

|  |  |
| --- | --- |
| FIRST AND FAMILY NAME OF STAFF MEMBER |       |
| ACADEMIC DEGREE/ TITLEPOSITION/JOB TITLE |       |
| TELEPHONE/CELL PHONE |       |
| E-MAIL |       |
| POSITION IN BUSINESS ENTITY |       |
| DATE, PLACE AND COUNTRY OF BIRTH |       |
| NATIONALITY |        |
| GENDER | **[ ]** F [ ]  M |
| HOME ADDRESS  |       |
| CITY AND POSTAL CODE, COUNTRY |        |

**HOME INSTITUTION**

|  |  |
| --- | --- |
| HOME INSTITUTION  |       |
| DEPARTMENT |       |
| Employment status at home University*(mark relevant information)* | **[ ]** Full-time employment (permanent employment contract)**[ ]** Part-time employment (Employment contract valid until *dd/mm/yyyy)***[ ]** Part-time associate (agreement on cooperation with the home university valid until *dd/mm/yyyy)* |
| SECTOR |       |
| ADDRESS, CITY, COUNTRY |       |
| CONTACT PERSON AT THE HOME INSTITUTION, POSITION |       |
| TELEPHONE |       |
| FAX |       |
| E-MAIL |       |

**HOST INSTITUTION**

|  |  |
| --- | --- |
| HOST INSTITUTION  | College of Applied Sciences „Lavoslav Ružička“ in Vukovar  |
| DEPARTMENT/OFFICE/UNITSECTOR  |  |
| ADDRESS | Županijska 50, 32000 Vukovar, Croatia  |
| ADDRESS (PLACE OF IMPLEMENTATION ACTIVITY- IF DIFFERENT FROM THE HEAD OFFICE OF HOST INSTITUTION) | - |
| PIC/ERASMUS ID CODE | 946888587/ HR VUKOVAR01 |
| CONTACT PERSON AT THE HOST INSTITUTION, TITLE AND POSITION | Karolina Novinc, Erasmus coordinator; |
| TELEPHONE | +385 444 688 |
| FAX | +385 492 256 |
| E-MAIL | karolina.novinc@vevu.hr |

**MOBILITY PROGRAMME**

|  |  |
| --- | --- |
| NAME OF THE COURSE AT THE HOST INSTITUTION |       |
| SUBJECT AREA | International mobility |
| OFFICIAL LANGUAGE DURING ACTIVITY | English |
|  DURATION OF STAY FROM (DD,MM,YY- FIRST DAY OF ACITIVITY) UNTIL (DD,MM,YY) |       |
| NUMBER OF DAYS ATTENDED TO THE ACIVITY (without travel days included) |       |
| NUMBER OF TEACHING HOURS |       |
| TOPIC OF LECTURES |       |
| TITLE OF THE TEACHING PROGRAMME |       |
| LEVEL OF TEACHING (BACHELOR / MASTER / DOCTORATE) |       |
| AIM OF MOBILITY |       |
| ADDED VALUE OF THE MOBILITY (BOTH FOR THE HOST INSTITUTION AND FOR THE TEACHER)  |       |

**STATEMENT**

* Under criminal and material responsibility, I declare that no other grand from European Union was awarded to me for the purpose of mobility I am applying.
* I give permission to the Georgian Institute of Public Affairs (GIPA) to use of my personal data in the context of the results of the evaluation process and further reporting on the results of the Erasmus + KA1 individual mobility, gathering and processing of personal data and forwarding to third parties for the purposes of the project.
* All information contained in the application are true and all attached documents are authentic.

**Date:**

**Applicant signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**