**ERASMUS+ STAFF MOBILITY**

**APPLICATION FORM**

**(2016-2017)**

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| 1. **Personal Information**   PHOTO | 1.1 First Name / Last Name (in CAPS): | |
| 1.2.a. Citizenship/ID number:  1.2.b. Residence Permit number *(for Foreign Applicants)*: | |
| * 1. Date of Birth: | |
| * 1. Nationality: | |
| * 1. Gender:   Male  Female | |
| 1.6 Current Position/Job Title: | |
| 1.7. a. Faculty/Institution:  1.7. b. Department: | |
| 1.8.a. Personal E-mail Address:  1.8.b. ‘Kilis 7 Aralık University’ E-mail Address: ………………..…………. @kilis.edu.tr | |
| 1.9 Home Address: | |
| 1.10.a. (Mobile/GSM) Number:  1.10.b. ‘Kilis 7 Aralık University’ (Extension) Number: | |
| 1.11 Passport Type:  Regular Passport  Special Passport *(Green Passport etc.)* | |
| 1. **Erasmus+ Experiences** | 2.1 Have you taken part in Staff Mobility through the Leonardo da Vinci or Erasmus + programme in the past?  Yes *(If yes, please give details of the University and date below)*  No | |
| 1. **Staff Mobility Activity Information** | 3.1 Type of Requested Activity:  3.1.a **Grant**  Staff Mobility for Teaching Assignments (STA)  Staff Mobility for Staff Training (STT)  *(also complete section 4.a.) (also complete section 4.b.)*  3.1.b **Without** **Grant**  Staff Mobility for Teaching Assignments (STA)  Staff Mobility for Staff Training (STT)  *(also complete section 4.a.) (also complete section 4.b.)* | |
| 3.2 Name of Host University/Organisation: | |
| 3.3 Name, position and e-mail address of your contact person at the Host Institution: | |
| 3.4 Country: City: | |
| 3.5 Language of Teaching/Training: | |
| 3.6 Dates of proposed exchange (excluding travel days) (dd/mm/yyyy)  From: To: | |
| 3.7 Total number of Teaching/Training days: | |
| 3.8 Total planned of Teaching/Training hours: | |
| **4.a. Staff Mobility for Teaching Assignments (STA) Specific Information** | 4.a.1. Proposed Teaching topic/title: | |
| 4.a.2. Host University Department: | |
| 4.a.3. Level of students you will be teaching:  Associate/Undergraduate  Masters  Doctoral | |
| 4.4.a. Subject teaching area (using ISCED codes, see: <http://ec.europa.eu/education/tools/isced-f_en.htm>)  Code: | |
| **4.b. Staff Mobility for Staff Training (STT)**  **Specific Information** | 4.b.1. Type of Training:  Workshop / Course  Job Shadowing  Staff Training Week  Other. Please Specify ………………………………… | |
| 4.b.2. Type of host Institution/Organization (select appropriate economic sector codes from: <http://ec.europa.eu/eurostat/ramon/nomenclatures/index.cfm?TargetUrl=LST_NOM_DTL&StrNom=NACE_REV2&StrLanguageCode=EN>)  Code: | |
| 4.b.3. Full address of host organisation: | |
| **5. University Support and Terms of Application** | 5.1 Applicant Agreement:  By participating in Erasmus+ Staff Mobility I agree:   * To complete all required paperwork and final report, * To disseminate information about my experiences afterwards, * To share information on partner university with colleagues, * If applicable, meet with Kilis 7 Aralık University students (from any subject area) who are on exchange at the university, * If applicable, meet with and answer queries from prospective future Erasmus+ applicants from Host University, * To attach Staff Mobility for Teaching/Training Mobility Agreement, Letter of Invitation, Certificate of Foreign Language Proficiency (if applicable) and Applicant’s Photo, * Erasmus+ grant funds are a contribution to costs and may not cover all costs – I agree with my university on how any excess costs will be funded. | |
| 5.2 Applicant Signature: **I confirm that I have discussed the Proposed Work Plan both with a representative of the proposed Host Institution and with my Erasmus+ Departmental Coordinator, Head of Department and Dean of Faculty at Kilis 7 Aralık University.** | |
| Signature of Applicant:  Name and Surname:  Date: | |
| 5.3 Departmental Approval: **I confirm that this proposed mobility agreement has been approved at Kilis 7 Aralık University by:** | |
| Head of the Department / Unit:  *(Both for academic & administrative staff)*  Name and Surname:  Signature:  Date: | Dean of Faculty:  *(Only for academic staff)*  Name and Surname:  Signature:  Date: |

Please return this completed form, together with a **‘Letter of Invitation/Acceptance’** and **‘Staff Mobility for Teaching Assignments (STA)/Staff Mobility for Staff Training (STT) Agreement’** form from the proposed Host Institution confirming that they are willing to host you, to: **Kilis 7 Aralık University International Relations Office**