**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.
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| 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**