

**ERASMUS+ STAFF MOBILITY APPLICATION FORM**

Please complete this form to participate in staff mobility.

Once completed please return to: erasmus@antalya.edu.tr

 **PHOTO**

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| 1. **Personal Information**
 |
| **Title / Full Name**  |  |
| **Nationality**  |  |
| **Email / Telephone** |  |
| **Gender** | Female[ ]  Male[ ]  |
| **Job Title** |  |
| **School / Department**  |  |
| **Seniority** | ❑ Junior / <10 years’ experience ❑ Intermediate / 10-20 years’ experience❑ Senior / 20+years’ experience  |
| **Do you require additional support for a disability?** | ❑ Yes ❑ No  | **Have you received Erasmus+ funding previously?** | ❑ Yes ❑ No |
| 1. **Staff Mobility Information**
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| **Type of Staff Mobility**  | ❑ Teaching (Teaching staff only) ❑ Training  |
| **Name of sending organization/ organisation** |  |
| **Country** |  |
| **Erasmus Code of sending organisation** **(if applicable)** |  |
| **Proposed Travel Dates**  | **From: To:**  |
| **Dates at ABU** **(Teaching/training dates)** | **From: To:** |
| **Please list the overall objectives of your mobility.**  |  |
| 1. **Staff TEACHING Mobility**
 |
| **Level of students you will be teaching** | ❑ Undergraduate ❑ Masters❑ Doctoral  |
| **Subject teaching area ISCED Code:**  | Please consult <http://ec.europa.eu/education/tools/isced-f_en.htm> **Code:** |
| 1. **Staff TRAINING Mobility**
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| **Type of Training**  | ❑ Workshop/Course❑ Job Shadowing❑ Staff Training/International Week ❑ Other – Please Specify:  |
| 1. **Signatures**
 |
| **Name****Signature****Date** |  |
| **Line Manager Name****Signature****Date** |  |

**Line Managers - please note:**

* If the cost of your mobility exceeds the amount of the available funding, your local budget must cover this. By signing this proposal you agree to this clause.
* Only contracted staff members are eligible to undertake a staff exchange. By signing this proposal you confirm that the applicant meets this criteria.