

APPLICATION FORM

STAFF MOBILITY

*Enter Academic Year.*



Photo

**I PERSONAL DATA**

|  |  |
| --- | --- |
| First Name |  |
| Family Name |  |
| Gender |  |
| Date of Birth | *Enter a date.* |
| Place of Birth |  |
| Nationality (by passport) |  |
| Passport number |  |

**Please note**: enter these data correctly as, in case of acceptance, your further acceptance documents will be prepared based on it.

**II CONTACT INFORMATION**

|  |  |
| --- | --- |
| e-mail |  |
| Phone number |  |

**Please note:** This information will not be shared except to contact the candidate regarding their application to the international mobility. Ensure you enter the correct email and regularly check the junk/spam folder in your inbox.

**III SENDING INSTITUTION**

|  |  |
| --- | --- |
| Home University |  |
| Department/Unit |  |
| Category of Staff | *Choose a category.* |
| Contact person (coordinator) from home institution |  |
| Email from the contact person (coordinator) |  |

**IV LANGUAGE PROFICIENCY**

|  |  |
| --- | --- |
| English Language | *Choose a level.* |
| Proof of knowing English in the stated level |  |

**V HOST INSTITUTION\***

|  |  |  |  |
| --- | --- | --- | --- |
| University | **University of Sarajevo** | | |
| Faculty | *Choose an UNSA unit.* | | |
| Department/Unit |  | | |
| Planned Period of Mobility\*\* | Choose a semester you wish to come. | | |
| Planned Dates of Mobility (excluding travel) | Start: *Enter a date.* — End: *Enter a date.* | | |
| Mobility program | ERASMUS+ KA107 | | |
| Type of Mobility | *Choose a type.* | Staff week\*\*\* |  |
| Planned Duration of Mobility | 5 working days (+ 2 travel days) | | |
| Contact person at Host Institution (name, title and email of your host)\*\*\*\* |  | | |

\* More about the University of Sarajevo can be found at: <https://international.unsa.ba/eng/>.

\*\* Propose the dates. After evaluating and accepting your nomination, you will agree on your exact mobility dates with your host.

\*\*\* **Staff week**: check the box **only** if you are interested to attend the staff training week offered by the University of Sarajevo.

\*\*\*\* The host contact person is the host at the UNSA's unit. If you still do not know, leave it empty. If you are coming for the event organized by our Office, you can put our data.

**VI PROPOSED MOBILITY**

|  |  |
| --- | --- |
| What is your motivation and objectives of this mobility?  Please list proposed activities to be carried out! |  |

**VII STATEMENT**

|  |
| --- |
| I hereby state that my Erasmus+ mobility will not be double funded by other EU funds.  I confirm that all provided information is accurate. If accepted, I will send supporting documents that verify the given data in this application form. |

**VIII SIGNATURE**

|  |
| --- |
| I sign this application form electronically by ticking the box. |

Date: *Enter a date.*