**College of Applied Sciences „Lavoslav Ružička“ in Vukvoar**

**Erasmus+ programme**

**ACCOMMODATION RESERVATION REQUEST FORM**

**Staff member**

|  |  |
| --- | --- |
| **FIRST NAME**  |       |
| **FAMILY NAME**  |       |
| **PLACE, DATE OF BIRTH** |       |
| **ADDRESS** |       |
| **PASSAPORT/ID CARD NUMBER**  |        |
| **PHONE**  |       |
| **E-MAIL** |       |
| **HOME INSTITUTION** |       |
| **ERASMUS ID CODE (OF HOME INSTITUTION)** |       |

**Accommodation information for reservation**

|  |  |
| --- | --- |
| **DATE OF ARRIVAL**  |       |
| **DEPARTURE DATE**  |       |
| **TIPE OF ACCOMODATION**  | **[ ]  HOTEL [ ]  PRIVATE ACOMODATION** |
| **PROPOSAL OF PREFERED OBJECT (IF any)**  |        |
| **TYPE OF ROOMS** | Number of needed rooms |
| **[ ] SINGLE (R1)** |       |
| **[ ]  DOUBLE (R2)**  |       |
| **[ ] DUBLE WITH TWIN BEDS (R3)** |       |
| **In case of the arrival more people****Indicate a names and surnames of person in room** **(by needed rooms R1 –first – names; R1- Second- names)** |       |
| **ACCOMODATION COSTS WILL BE PAYED BY** | **[ ]  ARRIVAL STAFF [ ]  SENDING INSTITUTION**  |
| **[ ]  OTHER (Information on the payer)**       |
| **IS THERE A NEED FOR ANY DISABILITY (IF YES-IDENTIFY REQUIREMENTS)** |       |
| **ERASMUS+ MOBILITY GRANT** | **[ ]  YES [ ]  NO** |
| **REASON FOR VISIT** | **[ ]  PARTNERSHIP AGREEMENT [ ]  TEACHING [ ]  TRAINING** |
| **[ ]  OTHER (Indicate the reason)**      |

**Place:**

**Date:**

**Signature of Requester:**

Singed Accommodation Request form has to be send scanned to erasmus@vevu.hr