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

**APPLICATION FORM**

**INCOMING INVITED STAFF**

**NOTE**

Dear Guests, please fill in the form below concerning your Erasmus+ activity at our College. The application should be filled out electronically, printed and signed. Submit this scanned form to the Erasmus+ Office (e-mail: erasmus@vevu.hr) and send by post to the host Department at College in Vukovar that sent you an invitation letter.

The information that you will provide in this form will be used only for the purpose of implementing the project activities.

For more information, please contact Host Department or Erasmus coordinator (e-mail: karolina.novinc@vevu.hr). Thank you for your cooperation!

**INCOMING STAFF**

|  |  |
| --- | --- |
| FIRST AND FAMILY NAME OF STAFF MEMBER |  |
| ACADEMIC DEGREE/ TITLE  POSITION/JOB TITLE |  |
| TELEPHONE/CELL PHONE |  |
| E-MAIL |  |
| POSITION IN BUSINESS ENTITY |  |
| DATE, PLACE AND COUNTRY OF BIRTH |  |
| NATIONALITY |  |
| GENDER | F  M |
| HOME ADDRESS |  |
| CITY AND POSTAL CODE, COUNTRY |  |

**HOME INSTITUTION**

|  |  |
| --- | --- |
| HOME INSTITUTION |  |
| DEPARTMENT |  |
| SECTOR |  |
| ADDRESS, CITY, COUNTRY |  |
| CONTACT PERSON AT THE HOME INSTITUTION, POSITION |  |
| TELEPHONE |  |
| FAX |  |
| E-MAIL |  |

**HOST INSTITUTION**

|  |  |
| --- | --- |
| HOST INSTITUTION | College of Applied Sciences „Lavoslav Ružička“ in Vukovar |
| DEPARTMENT/OFFICE/UNIT  SECTOR |  |
| ADDRESS | Županijska 50, 32000 Vukovar, Croatia |
| ADDRESS (PLACE OF IMPLEMENTATION ACTIVITY- IF DIFFERENT FROM THE HEAD OFFICE OF HOST INSTITUTION) | - |
| PIC/ERASMUS ID CODE | 946888587/ HR VUKOVAR01 |
| CONTACT PERSON AT THE HOST INSTITUTION, TITLE AND POSITION | Karolina Novinc, Erasmus coordinator;  ECTS coordinator: |
| TELEPHONE | +385 444 688 |
| FAX | +385 492 256 |
| E-MAIL | karolina.novinc@vevu.hr |

**MOBILITY PROGRAMME**

|  |  |
| --- | --- |
| NAME OF THE COURSE AT THE HOST INSTITUTION |  |
| SUBJECT AREA |  |
| OFFICIAL LANGUAGE DURING ACTIVITY |  |
| DURATION OF STAY FROM (DD,MM,YY- FIRST DAY OF ACITIVITY) UNTIL (DD,MM,YY) |  |
| NUMBER OF DAYS ATTENDED TO THE ACIVITY |  |
| NUMBER OF TEACHING HOURS |  |
| LEVEL OF TEACHING (BACHELOR / MASTER / DOCTORATE) |  |
| STUDY PROGRAMME AND COURSE OF WHICH THE CLASSES SHALL BE CONDUCTED |  |
| TITLE OF THE TEACHING PROGRAMME |  |
| CONTENT OF THE TEACHING PROGRAMME |  |
| NUMBER OF STUDENTS AT THE HOST INSTITUTION BENEFITING FROM THE TEACHING PROGRAMME |  |
| AIM OF MOBILITY |  |
| ADDED VALUE OF THE MOBILITY (BOTH FOR THE HOST INSTITUTION AND FOR THE TEACHER) |  |
| LETTER OF INVITATION ISSUED BY (NAME AND LAST NAME) |  |
| DATE OF LETTER OF INVITATION ISSUED BY HOST INSTITIUTION |  |

**STATEMENT**

* Under criminal and material responsibility, I declare that no other grand from European Union was awarded to me for the purpose of mobility I am applying.
* I give permission to the College of Applied Sciences „Lavoslav Ružička" in Vukovar to use of my personal data in the context of the results of the evaluation process and further reporting on the results of the Erasmus + KA1 individual mobility, gathering and processing of personal data and forwarding to third parties for the purposes of the project.
* All information contained in the application are true and all attached documents are authentic.

**Signature (incoming invited staff):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DETAILED WORK PROGRAMME ( obligatory framework)**

|  |  |  |
| --- | --- | --- |
| Activities planned during the stay at the host institution | DAY 1 |  |
| DAY 2 |  |
| DAY 3 |  |
| DAY 4 |  |
| DAY 5 |  |

|  |  |  |
| --- | --- | --- |
| Activities planned during the stay at the host institution | DAY 6 |  |
| DAY 7 |  |
| DAY 8 |  |
| DAY 9 |  |
| DAY 10 |  |

Date:

Signature (incoming invited staff):

**Approved by:**

**(**Fill out by hand**)**

|  |  |  |
| --- | --- | --- |
| **Home institution/sending business entity:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Representative and position:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Stamp of the Institution: |  | **VEVU Department/Host institution:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Host department ECTS coordinator name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |