



Program za  
cjeloživotno  
učenje

## ERASMUS APPLICATION FORM

### ERASMUS STAFF MOBILITY -STAFF TRAINING

FOR THE ACADEMIC YEAR 20\_\_ / 20\_\_

#### WORK PLAN

(to be filled out by teaching, administrative and technical staff who apply for mobility with the intent of professional training )

Name of staff member	
Name of home institution (Erasmus ID code)	
Contact person at home institution (head of department/office/institute or dean of faculty)	
Position of contact person at home institution	
Office/department/unit	

Name of host institution (Erasmus ID code)					
Duration of mobility; mark no. of days* (days spent on travel do not count)	1	2	3	4	5
Agreed time of mobility (dates)					
Name of contact person at host institution					
Position of contact person at host institution					

Office/department/unit at host institution within which the candidate will do their training		
Size of the sending institution/enterprise: Small: 1-50 staff; medium: 51-500 staff; large: 501 or more staff		
Sector (type of host enterprise)		
Field/subject of training		
Activities to be carried out and, if possible, the programme for the period	Day 1	
	Day 2	

	Day 3	
	Day 4	
	Day 5	
Overall aims and objectives of mobility		
In what way will the stay of the candidate at host institution contribute to carrying out their professional duties at their home institution		
Expected results		
Other		

*\*In choosing grant recipients, the correlation between the duration of stay at the foreign institution and the working and teaching load will be taken into account.*

<b>TEACHER</b>	
Date	Signature .....

Home institution This is to confirm that the proposed teaching programme is approved.	Host institution This is to confirm that the proposed teaching programme is approved.
Name Date Signature..... Head of the Department	Name Date Signature..... Head of the Department or Contact Person
Stamp	Stamp: