BARTIN UNIVERSITY

PHOTO

Erasmus+ Outgoing Staff for Training

Application Form

2017/18

1. **Personal Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and Surname** |  | | |
| **Citizenship ID Number OR Passport No** |  | | |
| **Date of Birth and Place** |  | | |
| **E-Mail** |  | **Gender** | **Female**  **Male** |
| **Phone (Home)** |  | **Phone (GSM)** |  |
| **Current Address** |  | | |
| **Permanent Address** |  | | |
| **Do you have any permanent disabilities or health problems?** | **Please state and prove with attachments…** | | |
| **Are you a war veteran or a first degree relative of a martyr?** | **Please state and prove with attachments…** | | |

1. **Administrative and Academic Information**

|  |  |
| --- | --- |
| **Faculty/Institute/Unit/Department** |  |
| **Position/Job Title** |  |
| **YDS or Equivalent Test Result (YOKDIL, TOEFL/CAE/PTE etc.) & Year** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Grade) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Year)** |
| **Commencement of Work at Bartın University** | **\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_ (Day/Month/Year)** |
| **Working area**  **(where you work at your home institution)** | I: International  F: Finance  G: General Administration and Technical  T: Teaching  S: Student information,  C: Continuing Education,  O: Other |
| **Are you an Erasmus Departmental/Faculty/Institute Coordinator** | Yes  No  **(If yes) I am a Departmental/Faculty/Institute coordinator at**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Academic Unit) *SINCE*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Month-Year)** |

1. **Details of Application and Proposed Mobility Abroad**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Number of Previous Erasmus+ Experience**  (if applicable, please give details for your previous experience of mobility) | This is my first application for a staff mobility | | | |
| I have previously experienced staff mobility |  | **Type of Previous Mobility** | |
| **Teaching** | **Traineeship** |
| **Dates** | 1. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Semester you would like to mobilize in** | Fall  Spring | | | |
| **Have you identified the host organization/university for your proposed visit?**  **If so please state** | **Destination university or organization & country:**    **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (university/organization)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (country)** | | | |
| **Approximate dates of proposed visit** | **Departure Date (when you leave our university):** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_  **Arrival Date (when you return our institution):** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **What is your purpose of visit?** |  | | | |
| **Brief details of your planned visit:**  Who are you planning to engage with?  What type of activities are you hoping to undertake? |  | | | |
| **What *specific* outcomes are you anticipating/aiming to deliver or achieve?** |  | | | |
| **Size of Host Institution** | (1-50) Small  (50-500) Medium  (˃500) Large  \*Measured according to the number of staff members | | | |
| **Have you got permission from your line manager to undertake this travel?**  **(please attach email confirmation)** | Yes  No  ***Please return your completed form, along with an email from your line manager indicating their support of your application, to International Relations and Erasmus Office (***[***ulik@bartin.edu.tr***](mailto:ulik@bartin.edu.tr)***) by 24th November 2017.*** | | | |
| **How will your home institution benefit from this exchange?** |  | | | |
| **Days of Teaching Hours**  (Minimum 2 days and Full Time Training) | \_\_\_\_\_\_\_\_\_ hours \_\_\_\_\_\_\_\_\_ days | | | |

1. **Applicant’s Signature :**

**Date of Application :**