

Erasmus+ Application Form for a Staff Mobility for Training

ACADEMIC YEAR: 2021/2022

PERSONAL DATA

Family name		
First name		
Gender	M	F
Adress		
Telephone (country code/area code/no)		
E-mail adress		
Academic degree		
Academic title		

HOME INSTITUTION

Name of the home institution Faculty	South-West University „Neofit Rilski“
Country	Bulgaria
Erasmus code	BG BLAGOEV02
Name of the contact person	Stanislav Grozdanov

LANGUAGE COMPETENCE

Evaluate your language competence by inserting the appropriate code (A1, A2, B1, B2, etc.) according to the Common European Framework of Reference for Languages (competencies descriptions in the Appendix to Tender).

Foreign language	Listening	Reading	Speaking

HOST INSTITUTION

Name of the receiving institution (please add rows if you apply for more than one receiving institution)	
Country	

EXCHANGE

Term (winter/summer)	
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*Prior to departure, candidates should contact their colleagues at the host institution and agree on the details regarding the work plan.

PREVIOUS ERASMUS+ PARTICIPATION IN THE LAST THREE YEARS

Did you participate in the Erasmus+ program in the last three years?	YES	NO
If YES, in which institution and when?		

Place and date:

Candidate's signature: