APPLICATION FORM

ERASMUS+ INTERNATIONAL WEEK FOR STAFF TEACHING/TRAINING

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| --- | --- | --- |
| **First Name** |  | |
| **Last Name** |  | |
| **Contact information:** email address, phone number |  | |
| **Scientific/Academic degree/**  **Position at HEI** |  | |
| **Research/Academic interests** |  | |
| **HEI represented, department (faculty, institute)** |  | |
| **HEI address, website** |  | |
| **Contact information of the Erasmus+ coordinator of the sending HEI:** email address, phone number |  | |
| **English language** (Applicants with basic language knowledge cannot be accepted) | **Intermediate (B1/2) Advanced (C1/2)** | |
|  |  |  |
| **Please describe your main work tasks** |  | |
| **What do you expect from participation in the Staff Training Week?** |  | |

Please email the completed form by **31 March, 2020** to [i.mickeviciute@lajm.lt](mailto:i.mickeviciute@lajm.lt)

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Applicant signature Date