**Application Form**

(Applications until 30 of April 2017)

**Erasmus Staff Training Week for Librarians**

**5 – 9 June 2017**

Organized by Algarve University Library

|  |  |
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| **Personal Data** |  |
| *Full Name:**(first name and family name)* |  |
| *Birth year:* |  |
| *Department:* |  |
| *Work area:* |  |
| *Position:* |  |
| *Office contact details:**(email, address, phone number)* |  |
| *Spoken language(s):* |  |
| *Level of English Language competence:* |  |
|  |  |
| **Home University** |  |
| *Official name:**(in English)* |  |
| *Address:* |  |
| *Erasmus Code:* |  |
| *Name and contact details of**Institutional Coordinator:* |  |
|  |  |
| **Personal Requirements** |  |
| *Specific topics of interest:**(please point one or two topics you would like to hear about, during the staff week)* |  |
| *Specific requests:**(such as visits, appointments…)* |  |
| *Specific restrictions:**(special needs, food restrictions…)* |  |