

APPLICATION FORM

**STAFF TRAINING WEEK**

**SEPTEMBER 26-29, 2017**

|  |  |  |
| --- | --- | --- |
| **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 knowledge** (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?** |  | |
| **Do you have any dietary restrictions?** |  | |

Bank requisites of the sending HEI to prepare invoice:

|  |  |
| --- | --- |
| Official name of HEI: |  |
| Registration number, VAT number |  |
| Official address of HEI: |  |
| Name of the Bank, SWIFT: |  |
| Bank account: |  |

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Applicant signature Application date

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Anna Bausova Confirmation date

Erasmus+ coordinator

The University of Economics and Culture