

APPLICATION FORM

**STAFF TRAINING WEEK**

**SEPTEMBER 24-27, 2019**

|  |  |
| --- | --- |
| **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)** |
|  |  |  |
| **Comments (optional)** |  |

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: |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant signature Application date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marina Tihomirova Confirmation date

Erasmus+ coordinator

EKA University of Applied Sciences