**APPLICATION FORM**

**INTERNATIONAL WEEK 2016  
*Erasmus+ Training Staff Mobility***

*University of Economics in Bratislava, Slovak Republic   
17th – 21st October 2016*

**Guest information**

|  |  |
| --- | --- |
| Family name: |  |
| First name: |  |
| Academic title: |  |
| Position at home institution: |  |
| Main areas of professional expertise: |  |
| Gender: | □ Female □ Male |
| E-mail: |  |
| Telephone number: |  |
| Do you have any health-related requirements? | □ yes (If yes, please specify) □ no |

**Home institution**

|  |  |
| --- | --- |
| Name: |  |
| Department: |  |
| Address: |  |
| ERASMUS code: |  |
| Contact person: |  |
| E-mail: |  |
| Telephone number: |  |

This is to confirm my active participation in the programme and to confirm my consent to share my e-mail contact among the participants and to receive electronic communications from organizers.

Place, date:

Signature:

Please send this form via e-mail **till 30th July 2016** to Ivana VYSKOČOVÁ: ivana.vyskocova@euba.sk