**ERASMUS FOR UCRAINA - APPLICATION FORM FOR STAFF**

**PERSONAL DETAILS**

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| **Name and Surname:**  |  |
| **Date and place of birth:**  |  |
| **Current Address:** |  |
| **Mobile phone:**  |  |
| **E-mail:**  |  |

**Teaching or Training area of interest in UNICA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Current Position/Job Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Please list here any certification* (*pay slips, qualifications defining specialisation, employment contracts, declarations issued by higher education institutions or competent Ukrainian authorities) you have gained. Scanned copy of the certification must be attached to the application.* |
| **Home Department/Faculty:** |
| **Erasmus Experience : Have you taken part in Staff Erasmus programme in the past?** |
| * **Yes** (If yes, please give details and date below) Interrompi contorno **No**
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| **Type of Requested Activity:** |
| Staff Teaching MobilityInterrompi contorno |
| Staff Training MobilityInterrompi contorno |
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| **Name of Host University/Organisation**: |
| Name, position and e-mail address of your contact person at the Host Institution: |
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| Country and City: |
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| **Dates of proposed exchange (actual Teaching/Training days only) (dd/mm/yyyy)** |
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| From: \_\_/\_\_/\_\_\_\_ To: \_\_/\_\_/\_\_\_\_  |
| Total number of Teaching/Training days: |
| Total planned of Teaching/Training hours: |
| **Overall Objectives of the Mobility: Why do you want to participate in the Erasmus mobility at UNICA ?** **Please describe your reasons up to 5 lines:**  |
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**LANGUAGES**

*Level of language knowledge:* ***M: mother* tongue, A: elementary, B: intermediate, C: advanced**

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| **FOREIGN LANGUAGE** | [**Common European Framework of Reference for Languages (CEFR)**](https://www.coe.int/en/web/common-european-framework-reference-languages) **LEVEL: A1, A2, B1, B2, C1, C2** |
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**Language certifications:**

*Please list here any language certification you have gained. Scanned copy of the certification must be attached to the application.*

*I authorize the processing of personal data contained in my curriculum vitae according to art. 13 of GDPR (EU Regulation 2016/679) and Italian Legislative Decrees 196/2003 and 101/2018 for the sole purpose of personnel research and selection.*

*I hereby declare to accept without reserve all the terms and conditions specified in the* ***Erasmus for UCRAINA Call for applications for 3 STAFF GRANTS for a mobility program at the University of Cagliari, for the Academic Year 2022-23. I also declare to promptly inform the University about any change in the provided data.***

Date: \_\_/\_\_/\_\_\_\_

Signature of Applicant:

Name and Surname:

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