

**UNIVERSITY OF CRIMINALISTIC AND POLICE STUDIES**  
**APPLICATION FORM FOR ERASMUS+ STAFF EXCHANGE**

**Application form for Teaching Staff Mobility / Staff Training Mobility**

*Note:* The application should be filled out electronically, printed, signed and scanned.

Name and Surname:	
Citizenship:	
Telephone:	
E-mail:	
Home institution:	
Title:	
Position:	

HOME UNIVERSITY: UNIVERSITY OF CRIMINALISTIC AND POLICE STUDIES

HOME FACULTY:	
DEPARTMENT AND STUDY PROGRAMME:	
HAVE YOU ALREADY SPENT A TEACHING OR TRAINING PERIOD ABROAD? IF YES, AT WHICH UNIVERSITY?	
HAVE YOU ALREADY RECEIVED AN EU MOBILITY GRANT? IF YES, WHICH ONE?	
HAVE YOU ALREADY RECEIVED ERASMUS+ GRANT? IF YES, WHEN AND FOR WHICH LEVEL OF STUDY?	

HOST UNIVERSITY:

Name of the institution		
Country		
Purpose of mobility ( <u>please underline</u> )	Teaching Assignment	Professional Training
	Number of teaching hours:	
Contact person at the host institution, title and position		
Duration of stay		
Term (winter or spring) with dates of arrival and departure, if possible		
Planned dissemination activities at home institution		

## FOREIGN LANGUAGE COMPETENCE

How would you describe your foreign language competence in terms of the Common European Framework of Reference for Languages (e.g. A1, A2, B1, B2, C1, C2)

No:	FOREIGN LANGUAGE	LISTENING	READING	SPEAKING	WRITING

Please state all the documents you are submitting together with the application form:

1) 2) 3) 4) Etc.
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Statement on the absence of double financing:

**I hereby state that my teaching / training period abroad within Erasmus+ shall not be financed by other sources originating from the EU funds.**

Signature:

Place and date: