



## Erasmus+ Partner Countries APPLICATION FORM FOR STAFF (STA / STT)

----Please complete electronically----

| Applicant First                                                                                                                                                                                                                                                                                                                                                          |                                                       |                            |                      | Applicant Last                                      |                      |                                      |                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------|----------------------|-----------------------------------------------------|----------------------|--------------------------------------|----------------|
| Name                                                                                                                                                                                                                                                                                                                                                                     |                                                       |                            |                      | Name                                                |                      | Familia                              | Harde Cared    |
| Applicant E-Mail                                                                                                                                                                                                                                                                                                                                                         |                                                       |                            |                      | Applicant<br>Gender                                 | Male                 | Female                               | Undefined<br>□ |
| Date of Birth<br>(dd/mm/yyyy)                                                                                                                                                                                                                                                                                                                                            |                                                       |                            |                      | Nationality                                         |                      |                                      |                |
| Passport No.                                                                                                                                                                                                                                                                                                                                                             |                                                       |                            |                      | Valid Until                                         |                      |                                      |                |
| Applicant<br>Home Address                                                                                                                                                                                                                                                                                                                                                |                                                       |                            |                      | Phone Number                                        |                      |                                      |                |
| Home Institution                                                                                                                                                                                                                                                                                                                                                         |                                                       |                            |                      | Host Institution                                    |                      |                                      |                |
| Home Faculty/ Department                                                                                                                                                                                                                                                                                                                                                 |                                                       |                            |                      | Host Faculty/<br>Department                         |                      |                                      |                |
| Mobility Period Start                                                                                                                                                                                                                                                                                                                                                    |                                                       |                            |                      | Mobility Period End                                 |                      |                                      |                |
| Application for Mobility Type                                                                                                                                                                                                                                                                                                                                            | STA Staff Mobility for Teaching                       |                            |                      | STT Staff Mobility for Training                     |                      |                                      |                |
| German                                                                                                                                                                                                                                                                                                                                                                   | A1 A2                                                 |                            |                      | English                                             | A1                   | A2                                   |                |
| Language proficiency                                                                                                                                                                                                                                                                                                                                                     | B1 B2                                                 | B2<br>C2 or Native Speaker |                      | Language proficiency                                | B1                   | B2                                   | ativa Casalvan |
| 1 3                                                                                                                                                                                                                                                                                                                                                                      | C1 C2 or                                              | native :                   | Speaker              |                                                     | C1                   | C2 OF IN                             | ative Speaker  |
| Other Languages                                                                                                                                                                                                                                                                                                                                                          |                                                       |                            |                      | Level                                               |                      |                                      |                |
| Participation in<br>Language Course<br>at Home?<br>Language?                                                                                                                                                                                                                                                                                                             | yes                                                   | no                         |                      | Envisaged Participation in Language Course at Host? | yes                  |                                      | no             |
| L                                                                                                                                                                                                                                                                                                                                                                        | l l                                                   |                            |                      |                                                     |                      |                                      |                |
| Category of Staff                                                                                                                                                                                                                                                                                                                                                        | Continuing Education                                  | on                         | International Office |                                                     | Seniority            |                                      |                |
| outegory or oturn                                                                                                                                                                                                                                                                                                                                                        | Finance                                               |                            | Other                |                                                     | Teaching experience/ | Inter                                | mediate        |
|                                                                                                                                                                                                                                                                                                                                                                          | General Admin Student Technical Administration Academ |                            | Information          | working at                                          |                      | 10 - 20 Years)<br>Senior (>20 Years) |                |
|                                                                                                                                                                                                                                                                                                                                                                          |                                                       |                            | ic Staff             | university                                          | Senio                |                                      |                |
| Previous Participation in Erasmus or Erasmus+ in Days  yes:                                                                                                                                                                                                                                                                                                              |                                                       |                            |                      |                                                     |                      | _ days                               | no             |
| Applicant Receives/Has Applied for Financial Support Other Than Erasmus+ Funds If yes specify (type, duration and amount of support)                                                                                                                                                                                                                                     |                                                       |                            |                      |                                                     |                      |                                      | no             |
| Individual Support: I hereby apply for E+ financial support for the following number of days starting with the first day that I need to be present at the host institution and ending with the last day I need to be present at the host for implementing my plan of work/teaching schedule (Minimum five days excluding travel/STA at least 8 hours teaching per week): |                                                       |                            |                      |                                                     |                      |                                      |                |
| I Hereby Apply for Days of Mobility (Excluding Travel Days)                                                                                                                                                                                                                                                                                                              |                                                       |                            |                      |                                                     |                      |                                      |                |
| <b>Travel Support:</b> I request financial support for travel calculated from the city of my home institution to the city of the host institution. The travel support has been calculated with the EU distance calculator http://ec.europa.eu/programmes/erasmus-plus/tools/distance_en.htm                                                                              |                                                       |                            |                      |                                                     |                      |                                      |                |
| City of the Home Institution: City of the Host Institution: Km:                                                                                                                                                                                                                                                                                                          |                                                       |                            |                      |                                                     |                      |                                      |                |

| Short Letter of Motivation                                                                                                                            |                                      |                                                      |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------------------------|--|--|--|--|
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|                                                                                                                                                       |                                      |                                                      |  |  |  |  |
| This Application Has R                                                                                                                                | een Flectronically Establis          | shed and is Therefore Valid Without Signature.       |  |  |  |  |
| By Typing My Name I                                                                                                                                   | Confirm That All Informati           | ion is Correct and True to the Cest of my Knowledge. |  |  |  |  |
|                                                                                                                                                       |                                      |                                                      |  |  |  |  |
|                                                                                                                                                       | <del></del>                          |                                                      |  |  |  |  |
| Date                                                                                                                                                  | Place                                | Last Name, First Name of the Applicant               |  |  |  |  |
| CHECKLIST                                                                                                                                             |                                      |                                                      |  |  |  |  |
|                                                                                                                                                       | aleted electronically (duly valid    | lated by typing the name for signature)              |  |  |  |  |
| Application form completed electronically (duly validated by typing the name for signature)  CV in Europass format https://europass.cedefop.europa.eu |                                      |                                                      |  |  |  |  |
| Passport / ID copy                                                                                                                                    | . Tittps://edi.opuss.ocderop.edi.opt | 3.0 <b>4</b>                                         |  |  |  |  |
| Proof of staff status at home university                                                                                                              |                                      |                                                      |  |  |  |  |
| Mobility Agreement                                                                                                                                    | Thome driversity                     |                                                      |  |  |  |  |
| riobility rigiteement                                                                                                                                 |                                      |                                                      |  |  |  |  |
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## **Application Procedure:**

Subject to modifications in the E+International Call Announcement for your insitution, all documents should be submitted in one online application file per e-mail, to the local coordinator at your home institution, and if requested, additionally in a complete paper copy.

After successful selection, your coordinator should submit at Humboldt-Universität zu Berlin your application documents as well as the nomination letter.

Reference on the e-mail submission: "Partneruniversity-HU, Semester, name applicant"

 $This e-mail \ may \ be \ forwarded \ later \ to \ the \ HU \ Erasmus+International \ Coordinator \ \underline{erasmus.international@hu-berlin.de}$ 

Successful student (BA,MA, PhD) applicants selected for an E+ International grant will be invited to upload their electronic documents to the HU applicants portal for International students <a href="https://www.uni-exchange.eu">https://www.uni-exchange.eu</a> via the Programme line: Erasmus+ Partner Countries/ Erasmus+ worldwide.