



## **APPLICATION FORM**

FOR STAFF MOBILITY FOR TEACHING UNDER PROJECT NO. BG05M2OP001-2.016-0004-C01
«ECONOMIC EDUCATION IN BULGARIA 2030» OF OPERATIONAL PROGRAMME "SCIENCE
AND EDUCATION FOR SMART GROWTH"

ACADEMIC YEAR 202..../202....

GENERAL INFORMATION			
Full name of the applicant:			
Personal ID number:		Sex:	
Date of birth:		Place of birth:	
ID card number:		ID card expiry date:	
Email:		WhatsApp account:	
Facebook account:		Viber account:	
Mobile number:			
Permanent address:			
Correspondence address: (if different)			
PROFESSIONAL INFORMATI	ION		
Position:			
Department:			
Faculty:			
<u> </u>			

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Home university:	
Professional experience: (in years)	
PREFERED LENGTH OF M	IOBILITY
$\square$ 3 months (90 academic hours)	
☐ 4 months (120 academic hours)	
☐ 5 months (150 academ	ic hours)
OBJECTIVES OF MOBILIT	
ADDED VALUE OF THE M	OBILITY
CONTENT OF THE MOBII (courses and topics of lecture	LITY PROGRAMME s and seminars that will be delivered during the mobility)
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EXPECT	FED OUTCOMES AND IMPACT OF THE MOBILITY		
PREVIOUS EXPERIENCE IN MOBILITY PROGRAMMES			
	Type of mobility		
1.	Host institution		
	Mobility period		
	Type of mobility		
2.	Host institution		
	Mobility period		
3.	Type of mobility		
-	Host institution		
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	Mobility period			
	Type of mobility			
4.	<b>Host institution</b>			
	Mobility period			
5.	Type of mobility			
	<b>Host institution</b>			
	Mobility period			
Type of mobility				
6.	Host institution			
	Mobility period			
ADDITIONAL INFORMATION				
<b>Person from disadvantaged backgrounds and fewer opportunities:</b> □ yes □ no				
		□ yes	□ no	
back		□ yes	□ no	
Eme Tele	grounds and fewer opportunities:	□ yes	□ no	
Eme Tele	rgency contact person:  phone number and/or email of the	□ yes	□ no	
Eme Tele eme	rgency contact person:  phone number and/or email of the	□ yes	□ no	
Eme Tele eme	rgency contact person:  phone number and/or email of the rgency contact person:	□ yes	□ no	
Eme Tele eme	rgency contact person: phone number and/or email of the rgency contact person:  ICБК НА ПРИЛОЖЕНИЯТА	□ yes	□ no	
Eme Tele eme	rgency contact person: phone number and/or email of the rgency contact person:  ICЪК НА ПРИЛОЖЕНИЯТА  CV	□ yes	□ no	
Eme Tele eme CIIII  1.	rgency contact person: phone number and/or email of the rgency contact person:  Сък на приложенията  CV  Europass language passport	□ yes	□ no	
Eme Tele eme CIIII  1. 2. 3.	rgency contact person: phone number and/or email of the rgency contact person:  Сък на приложенията  CV  Europass language passport  List of publications  Copy of ID card	rw.eufunds,bg		

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Date:	Signature:

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