

**ERASMUS STAFF MOBILITY FOR TRAINING
ADMINISTRATIVE & FACULTY
APPLICATION FORM**

Important Note:

This form needs to be submitted to the Erasmus+ Office well in advance of the expected start of mobility / training. Mobility funding for training is limited so early applications do have a much better chance of being approved. Priority will be given to staff members who have not participated in the programme before and / or for training that targets specific staff development areas within Intercollege – as prioritised by executive management. All applications are subject to approval.

- ✓ Only full-time staff can participate in the programme
- ✓ The minimum training is 2 full days and the maximum is 6 days – excluding the time needed for travel and depending on available funding
- ✓ The Erasmus+ mobility programme does Not cover participation in conferences and seminars unless seminars do involve structured training i.e. practical training
- ✓ A detailed training programme must be attached to this form and be submitted together with your application
- ✓ The Erasmus+ mobility grant does NOT cover any associated training fees – it ONLY covers travel and subsistence costs based on fixed rates according to the country of destination, which are published every year by the Commission. Any related training fee will need to come out of the total funding received by the individual
- ✓ A training certificate (participant certificate) must be obtained upon the completion of the programme and submitted to the Erasmus+ office upon your return together with the rest documentation

Please send your application

Limassol Campus: erasmus@lim.intercollege.ac.cy

Nicosia Campus: papamichael.f@intercollege.ac.cy

For more information regarding the terms and conditions of the Erasmus Staff Mobility for Training programme please visit www.intercollege.ac.cy

**ERASMUS + PROGRAMME
STAFF MOBILITY FOR TRAINING (STT)
ACADEMIC YEAR 2016-2017
APPLICATION FORM FOR OUTGOING STAFF PART A**

PERSONAL DATA OF STAFF MEMBER			
Name and Surname/ Όνομα και επίθετο			
Service/Department/School/ Τμήμα/Υπηρεσία/Σχολή			
Position/Θέση			
Gender/Φύλο	M <input type="checkbox"/>	F <input type="checkbox"/>	
Nationality/Εθνικότητα			
Telephone/Τηλέφωνο			
e-mail address/ ηλεκτρονική διεύθυνση			
Previous Participation in the Erasmus programme / προηγούμενη συμμετοχή			
When and where / που και πότε			
RECEIVING INSTITUTION (university, organization, company etc)			
Name and full address			
ID Erasmus code if applicable			
Contact person - Position Name, Telephone, Fax, e-mail			
Participation in an organized staff week	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
SENDING INSTITUTION			
Name and full address	Intercollege 92 Ayias Phylaxeos Street P.O.BOX 51604 3507 Limassol CYPRUS		
ID Erasmus code	CY NICOSIA26		
Contact person - Position Name, Telephone, Fax, e-mail	Nicoletta Zamba Erasmus+ Coordinator TEL. +35725736298, FAX: +35725386982, e-mail: Erasmus@lim.intercollege.ac.cy		
Contact person - Position Name, Telephone, Fax, e-mail	Fani Papamichael Erasmus+ Mobility Coordinator, Nicosia Tel. +35722842571, Fax: +35722842555 e-mail: papamichael.f@unic.ac.cy		
Signature of staff member		Date	
Name & signature of HEAD of SERVICE/DEPARTMENT/SCHOOL		Date	

**ERASMUS + PROGRAMME
STAFF MOBILITY FOR TRAINING (STT)
ACADEMIC YEAR 2016-2017
APPLICATION FORM FOR OUTGOING STAFF PART B**

DETAILS OF THE TRAINING ACTIVITY	
Actual dates* of the mobility:	
Hours of training per day:	
Overall aim and objectives of the training activity (need, purpose and goals of the training activity)	
Activities to be carried out during the training per day	
Day 1 - Day 2 - Day 3 - Day 4 - Day 5- Day 6-	
Communication language during training	

* The duration of the training at the host organization must not be less than 2 and no more than 6 working days

**ERASMUS + PROGRAMME
STAFF MOBILITY FOR TRAINING (STT)
ACADEMIC YEAR 2016-2017
APPLICATION FORM FOR OUTGOING STAFF PART C
SUPPLEMENTARY QUESTIONS IN SUPPORT OF YOUR APPLICATION**

PLEASE ANSWER THE FOLLOWING QUESTIONS TO SUPPORT THE NEED FOR APPROVAL OF YOUR ERASMUS STAFF TRAINING APPLICATION

Statement 1

Please state the reasons for choosing the host University/Organization for which you are applying

Statement 2

Please state the reasons for which you consider that this visit will improve your work and knowledge in your area of expertise

Statement 3

What would you like to accomplish through this visit for you personally, your Department / Unit and the University in general?

Statement 4

Please state the type of dissemination activities you are planning to do upon your return in order to achieve/implement the personal stated purpose and goals of the visit (action plan)