|  |  |
| --- | --- |
|  | STAFF APPLICATION FORM |

**ACADEMIC YEAR FOR THE MOBILITY: 20…./20….**

FIELD OF STUDY:

 

**TYPE OF ERASMUS + MOBILITY:**

|  |  |
| --- | --- |
| **Mobility for Teachers and Staff** |  |
|  |

This application should be:

1. completed in your computer.
2. sent to [internacional@esadsevilla.com](mailto:internacional@esadsevilla.com) before deadline.
3. printed and registered on ESAD’s Erasmus office before deadline.(With all signatures needed)
4. remember also to fill the [on-line form](https://form.jotform.com/193426206477361).

|  |  |  |  |
| --- | --- | --- | --- |
| **HOME /SENDING INSTITUTION** | | | |
| Escuela Superior de Arte Dramático de Sevilla (ESAD-Sevilla) – Erasmus code: ES SEVILLA06 | | | |
| Erasmus Coordinator | Eufrasio LUCENA-MUÑOZ | | |
| Telephone(s) | +34 954 91 59 74 | Fax | +34 954 91 59 74 |
| E-mail address | internacional@esadsevilla.com | | |
| Post address | Pascual de Gayangos, 33 – 41002 Sevilla | | |

## **PERSONAL DATA**

|  |  |  |  |
| --- | --- | --- | --- |
| **PERSONAL INFORMATION** | | | |
| Name(s) | \*\* fill here \*\* | | |
| Surname | \*\* fill here \*\* | | |
| Place and date of birth | \*\* / \*\* / 19\*\* | ID, DNI or Passport number | \*\* fill here \*\* |
| Sex | 🞎 Male 🗹 Female | | |
| Nationality | Spanish | | |
| Home address  (including postcode, town, country) | \*\* fill here \*\* | | |
| Term-Time address  (if different) | \*\* fill here \*\* | | |
| Home telephone | \*\* fill here \*\* | | |
| Mobile | \*\* fill here \*\* | | |
| E-mail address | \*\* fill here \*\* | | |

## **PLACEMENT APPLICATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PLACEMENT APPLICATION** | | | | | |
| **Order** | **Institution name** | **Country** | **Period of mobility** | | **Duration of mobility (days)** |
| From | To |
| 1. | \*\* fill here \*\* | \*\* fill here \*\* | \*\* fill here \*\* | \*\* fill here \*\* | \*\* fill here \*\* |
| 2. | \*\* fill here \*\* | \*\* fill here \*\* | \*\* fill here \*\* | \*\* fill here \*\* | \*\* fill here \*\* |
| 3. | \*\* fill here \*\* | \*\* fill here \*\* | \*\* fill here \*\* | \*\* fill here \*\* | \*\* fill here \*\* |

## **PROPOSED MOBILITY PROGRAMME**

|  |
| --- |
| **Overall objectives of the mobility** |
| • \*\* fill here \*\*  • \*\* fill here \*\*  • \*\* fill here \*\*  • \*\* fill here \*\* |

|  |
| --- |
| **Content of the teaching programme** |
| * \*\* fill here \*\* * \*\* fill here \*\* |

## **LANGUAGE SKILLS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **LANGUAGE** | | | | | |
| Spanish | ❑ Mother tonge | ❑ Fluent | ❑ Good | ❑ Moderate | ❑ Limited |
| English | ❑ Mother tonge | ❑ Fluent | ❑ Good | ❑ Moderate | ❑ Limited |
| Portuguese | ❑ Mother tonge | ❑ Fluent | ❑ Good | ❑ Moderate | ❑ Limited |
| French | ❑ Mother tonge | ❑ Fluent | ❑ Good | ❑ Moderate | ❑ Limited |
| German | ❑ Mother tonge | ❑ Fluent | ❑ Good | ❑ Moderate | ❑ Limited |
| Italian | ❑ Mother tonge | ❑ Fluent | ❑ Good | ❑ Moderate | ❑ Limited |
| Czech | ❑ Mother tonge | ❑ Fluent | ❑ Good | ❑ Moderate | ❑ Limited |
| Polish | ❑ Mother tonge | ❑ Fluent | ❑ Good | ❑ Moderate | ❑ Limited |
| Other: \*\* fill here \*\* | ❑ Mother tonge | ❑ Fluent | ❑ Good | ❑ Moderate | ❑ Limited |

## **WORK EXPERIENCE RELATED TO MOBILITY (if relevant)**

|  |  |  |
| --- | --- | --- |
| **WORK EXPERIENCE** | | |
| **From (date)** | **To (date)** | **Employer, position at the company/short job description** |
| \*\*/\*\*/\*\*\*\* | \*\*/\*\*/\*\*\*\* | \*\* fill here \*\* |
| \*\*/\*\*/\*\*\*\* | \*\*/\*\*/\*\*\*\* | \*\* fill here \*\* |
| \*\*/\*\*/\*\*\*\* | \*\*/\*\*/\*\*\*\* | \*\* fill here \*\* |

## **OTHER INFORMATION**

|  |
| --- |
| **EXTRA CURRICULAR ACTIVITIES, INTERESTS**  **ADDITIONAL INFORMATION IN SUPPORT TO THE APPLICATION** |
| \*\* fill here \*\* |

|  |  |
| --- | --- |
| **HEALTH DECLARATION** | |
| Do you have a disability for which special arrangements may be needed to be considered for purposes of work? | Yes 🞎 No 🗹 |

|  |  |
| --- | --- |
| **EMERGENCY CONTACT** | |
| *PERSON (relatives, family, close friend) TO BE NOTIFIED IN CASE OF EMERGENCY:* | |
| Name, surname | \*\* fill here \*\* |
| Home address | \*\* fill here \*\* |
| Telephone(s) | \*\* fill here \*\* |

## **PREVIOUS MOBILITIES**

|  |
| --- |
| **Have you already been beneficiary of Eramus + programme ? Yes 🗹 No 🞐**  **How many times did you receive Erasmus + grant?** \*\*  **If yes, when? At which institution?** \*\* fill here \*\* |

|  |
| --- |
| **Applicant’s name** \*\* fill here \*\*  (Signature) **Date:** \*\*.\*\*.\*\*\*\* |

# **RECEIVING INSTITUTION**

**We hereby acknowledge receipt of the application, the proposed mobility program.**

**The above-mentioned applicant is** 🞐 **provisionally accepted at our institution**

🞐 **not accepted at our institution**

**Departmental coordinator’s signature** **Institutional coordinator’s signature**

…………………………………….. …….. ………………………………………………………………………

**Date**: ……………………………… **Date**: ………………………………….…………………………..