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|  | STAFF APPLICATION FORM |

**ACADEMIC YEAR FOR THE MOBILITY: 2024/2025**

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.

|  |  |  |  |
| --- | --- | --- | --- |
| **HOME /SENDING INSTITUTION** | | | |
| Escuela Superior de Arte Dramático de Sevilla (ESAD-Sevilla) – Erasmus code: ES SEVILLA06 | | | |
| Erasmus Coordinator | Cecilia Geijo Domenech | | |
| 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) |  | | |
| Surname |  | | |
| Place and date of birth |  | ID, DNI or Passport number |  |
| Sex | ❑ Male Female | | |
| Nationality |  | | |
| Home address  (including postcode, town, country) |  | | |
| Term-Time address  (if different) | \*\* fill here \*\* | | |
| Home telephone | \*\* fill here \*\*- | | |
| Mobile |  | | |
| E-mail address | **....@esadsevilla.es** | | |

## **PLACEMENT APPLICATION**

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

## **MOBILITY PROGRAMME**

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| **Overall objectives of the mobility** |
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| --- |
| **Content of the teaching programme** |
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## **LANGUAGE SKILLS**

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| --- | --- | --- | --- | --- | --- |
| **LANGUAGE** | | | | | |
| Spanish | ❑ Mother tonge |  Fluent |  Good |  Moderate |  Limited |
| English |  Mother tonge |  Fluent |  Good |  Moderate | x Limited |
| Portuguese |  Mother tonge |  Fluent |  Good |  Moderate | xLimited |
| French |  Mother tonge | ❑Fluent |  Good |  Moderate |  Limited |
| German |  Mother tonge |  Fluent |  Good |  Moderate |  Limited |
| Italian |  Mother tonge |  Fluent |  Good |  Moderate | x 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 \*\* |

|  |  |
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| **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?** |

|  |
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| **Applicant’s name and signature**  **Date:** |