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| **APPLICATION FORM**  |
| **GENERAL INFORMATION** |
| **Application for**  | ☐ Participation in summer/winter school held at JU\*☐ Participation in conference☐ Participation in short form of education (traineeship, workshop, seminar)\*please choose only one possibility |
| **Candidate** | ☐ PhD student,       year of study ☐ Academic staff member |
| **Sex** | ☐ Female☐ Male |
| **Name and surname** |       |
| **Date of birth** |  (day/month/year)       |
| **Passport number** |       |
| **Academic degree** |       |
| **Phone number**  |       |
| **E-mail address**  |       |
| **Address of residence** | Country:      City:       |
| **Sending Institution (including Department/Institute)** | Name of the institution:      Faculty/Department/Institute       |
| **Receiving Institution (including Department/Institute)** | Name of the institution: **Jagiellonian University** Faculty/Department/Institute       |
| **Hosting professor at JU**  | Name and surname:      Faculty/Department/Institute      e-mail address:       |
| **PROJECT INFORMATION** |
| **Starting and ending date of the participation in the project**  | FROM \*\*     /     /     (day/month/year)**TO:**      /     /     (day/month/year)\*\* please indicate only days of mobility excluding travel days  |
| **Cost of participation**  |       **EUR \*\*\***      **PLN**\*\*\* Please indicate only fee for participation in conference, summer/winter school when needed |
| **DESCRIPTION OF THE PLANNED ACTION AND RESULTS OF THE PARTICIPATION IN THE PROJECT** |
| The Candidate’s motivation to participate in the Project: (max 1500 characters including spaces) |       |
| Proposed programme of the Candidate’s competence development within the framework of the selected form of support: (max 1500 characters including spaces) |       |
| Description of the planned practical use of the acquired competences:(max 1500 characters including spaces) |       |
| I hereby declare that I speak the language of instruction of the receiving foreign institution/English at the level which allows for free participation in the planned activities. \*\*\*\*\*\*\*\*delete where not applicable  |
| .......................................................... *(Candidates signature)*   | DATE:      **SENDING INSTITUTION**: ..........................................................*(Stamp and signature of the responsible person)* **RECEIVING INSTITUTION:** ...........................................................*(Stamp and signature of the responsible person)*  |