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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)* | |