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| **APPLICATION FORM** |
| **GENERAL INFORMATION**  |
| Name and surname |  |
| Candidate | ☐ PhD student, year of study: ……………☐ Doctoral School, year of study: ………… |
| JU Unit  | ☐ Faculty: ……………………………………………………….... Institute/Department/: ……………………………………….☐ Doctoral School ........................................ |
| Sex  | ☐ Female☐ Male |
| PESEL NoAge | …..….. |
| **CANDIDATE CONTACT DETAILS** |
| Phone number  |  |
| E-mail address | in the uj.edu.pl domain |
| Address of residence |  |
| **PROJECT INFORMATION** |
| Application for  | ☐ Participation in conference☐ Participation in winter school☐ Participation in a short form of education (internship, course, workshop, traineeship)\*\*please choose only one possibility |
| Receiving Institution (including Department/Institute) | Name of the Institution: ………………………………………………………………………………..Faculty/Department/Institute …………………………………Country: ………………………………………………………………….City: ……………………………………………………………………….. |
| Information about the form of activity | ☐ Conference name …..............................☐ Winter school name ...........................☐ Short form of education Organizer/Hosting Institution: ………………………………………………………………. |
| Cost of participation in conference/winter school | Please indicate only the participation feeIn currency : …………………………… |
| Starting and ending date of the participation in the project | Please indicate only the days of participation in the conference/winter school/short form of education without travel days:FROM: / / (day/month/year)TO:  / / (day/month/year) |
| **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. |
| .......................................................... *(Candidate's signature )*   | DATE: ………………………………………………........................................................... *(Stamp and signature of the supervisor)*  |