**EFFECTUS poduzetnički studiji – visoko učilište**

**STAFF MOBILITY APPLICATION FORM FOR**

**ERASMUS + PROGRAMME STAFF MOBILITY PROGRAMMES**

**Akademska godina: \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_**

**OSOBNI PODACI O ZAPOSLENIKU**

|  |  |  |
| --- | --- | --- |
| **IME I PREZIME:**  |  |  |
| **DATUM I GODINA ROĐENJA:** |  |  |
| **GRAD I DRŽAVA ROĐENJA:** |  |  |
| **DRŽAVLJANSTVO:** |  |  |
| **OIB:** |  |  |
| **BROJ PUTOVNICE:** |  |  |
| **SPOL:** | **M** | **Ž** |
| **ADRESA PREBIVALIŠTA:** |  |  |
| **ADRESA BORAVIŠTA:** |  |  |
| **BROJ MOBITELA:** |  |  |
| **E-MAIL ADRESA:** |  |  |
| **STATUS ZAPOSLENIKA**  | **stalno zaposleni** | **vanjski suradnik** |
| **NAZIV RADNOG MJESTA:** |  |  |

**PODACI O ERASMUS + PROGRAMU I ZNANJU STRANOG JEZIKA + NASTAVNIM OBVEZAMA**

|  |  |  |
| --- | --- | --- |
| **NAZIV PROGRAMA ILI****NAZIV I ADRESA FAKULTETA NA KOJI SE PRIJAVLJUJEM** | **Program** | **Fakultet** |
| **KONTAKT OSOBA NA FAKULTETU** | **ime i prezime** | **e-mail, broj telefona** |
| **OBAVLJEN „NEFORMALNI“ RAZGOVOR S KONTAKT OSOBOM** | **DA** | **NE** |
| **DATUM POČETKA I KRAJA MOBILNOSTI:** | **početak** | **kraj** |
| **MJESTO ODRŽAVANJA:** |  |  |
| **ZNANJE STRANOG JEZIKA:**  | **ENGLESKI JEZIK****B1 / B2** | **Drugi strani jezik koji govorim:** |
| **DOKAZ O ZNANJU ENGLESKOG JEZIKA:** |  | **Dokaz o znanju drugog stranog jezika:** |
| **DATUMI I BROJ NASTAVNIH SATI / POSL. OBVEZA KOJE JE POTREBNO PRILAGODITI RADI ODLASKA NA PROGRAM MOBILNOSTI** | **DATUMI**  | **BROJ NASTAVNIH SATI / POSLOVNIH OBVEZA** |

**LETTER OF MOTIVATION**

**In total of 450 words please tell us why you would like to participate in the specific ERASMUS + Programme. How would you contribute to to the Programme?**

**How will EFFECTUS benefit if you participated in the programme? Which skills and knowledge will you use at EFFECTUS once you come back?**

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**IZJAVA ZAPOSLENIKA O DVOSTRUKOM FINANCIRANJU I IZJAVA O OBVEZI ISPUNJENJA PREUZETIH OBVEZA POHAĐANJEM PROGRAMA MOBILNOSTI**

Pod materijalnom odgovornošću izjavljujem da nisam korisnik drugog izvora financiranja dodijeljenog za realizaciju predmetne mobilnosti iz sredstava koji potječu iz fondova Europske unije.

Odlaskom na ERASMUS + program obvezujem se sudjelovati u programu mobilnosti u potpunosti te ispunjavati sve svoje preuzete obaveze. Ovim putem pristajem otići na program mobilnost u ime svog poslodavca te istoga profesionalno i dostojanstveno predstavljati u programima mobilnosti.

Po povratku na radno mjesto, u roku od 8 dana, obvezujem se dostaviti završno izvješće o pohađanom programu kao i fotografije (najmanje 10) i videe (najmanje 1) s radionica koje poslodavac može postaviti na svoje mrežne stranice.

**POTPIS ZAPOSLENIKA : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**U ZAGREBU, DATUM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ZAPRIMLJENO KOD EFFECTUS KOORDINATORA:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PODNESENO DEKANU NA ODOBRENJE : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ODOBRENJE DEKANA ZA ODLAZAK NA PROGRAM MOBILNOSTI:**

**DA / NE**

**DATUM ODLUKE : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**