



**ERASMUS+ PROGRAMME
STAFF MOBILITY FOR TEACHING
DECLARATION OF INTEREST**

Name:

Telephone:

Department:

Have you participated previously in the Erasmus Program: Yes _____ No _____

If Yes, provide date, country and action (teaching or training):

.....

I wish to participate in the following teaching activity:

Name of the Host Institution:

Contact person at the host institution (name, email, position):

.....

Please describe briefly the programme you wish to implement:

Signature of staff member

Date
