



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

Name and Surname: .....

Department: .....

Telephone: .....

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 training activity:

Participation in organized staff week: Yes \_\_\_\_\_ No \_\_\_\_\_ (if yes, don't fill in questions 1&2)

1.Name of the Host Institution: .....

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

.....

3. Please describe briefly the training you wish to attend:

Signature of staff member

Date

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\_\_\_\_\_