



**COTRA MOBILITY PROGRAM - STAFF TRAINING
APPLICATION FORM
2022/2023**

Kindly fill application electronically, handwritten applications will not be accepted. When filling in date, please use format DD/MM/YYYY.

PERSONAL DATA

First name:	Surname:	Title:
Partner Institution/Department/Office:		
Position:	Level of experience*: (Choose)	
Date of birth: / /	Nationality:	Gender: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Other
Home address:		
Email:		

*Seniority: Junior (approx.. < 10 years of experience), Intermediate (approx.. > 10 and < 20 years of experience) or Senior (approx.. > 20 years of experience)

PROPOSED MOBILITY ABROAD

Receiving Institution:		
Partner Institution/Department/Office:		
Address:		
Size: <input type="checkbox"/> Small 1<50 staff	<input type="checkbox"/> Medium 50<250 staff	<input type="checkbox"/> Large 250 or more staff
COTRA coordinator's name:	Email:	
Contact person's name:	Email:	
Dates of proposed mobility: from / /	to / /	Duration in days:
Have you already participated in COTRA Staff Mobility? <input type="checkbox"/> Yes <input type="checkbox"/> No		

COTRA MOBILITY PROGRAM - STAFF TRAINING



**WORK PLAN
2022/2023**



OVERALL OBJECTIVES OF THE MOBILITY

ADDED VALUE OF THE MOBILITY (IN THE CONTEXT OF THE MODERNISATION AND INTERNATIONALISATION STRATEGIES OF THE INSTITUTIONS INVOLVED)

ACTIVITIES TO BE CARRIED OUT

EXPECTED OUTCOMES AND IMPACT (E.G. ON THE PROFESSIONAL DEVELOPMENT OF THE STAFF MEMBER AND ON BOTH INSTITUTIONS)





APPROVALS (Signatures)

Name of the applicant: Date:	Signature
We confirm that the proposed work plan is approved.	
Name of Coordinator at Sending Institution: Date:	Signature
We confirm that the proposed work plan is approved.	
Name of responsible at the host institution: Date:	Signature

