

## ERASMUS+ PROGRAMME STAFF MOBILITY – STAFF TRAINING

### Work plan form for academic year 2022/2023

For the staff training grants, the selection of the HEI's staff will be done by the sending institution on the basis of a "work plan" submitted by the applicant and endorsed by both the sending institution and the host institution.

#### PERSONAL DATA

Family name			
First name(s)			
Gender	<u>M</u>		F
Home address			
Telephone	Home		Mobile
E-mail address			
Faculty, department			
Scientific degree			
Position held			

#### HOME INSTITUTION

Name of the home institution:	University of Applied Sciences „Hrvatsko Zagorje Krapina“
Country	Croatia
Erasmus code	HR KRAPINA01
Name of the contact person, position held	Tomislava Majić, Erasmus+ coordinator, <a href="mailto:tomislava.majic@vhzk.hr">tomislava.majic@vhzk.hr</a> , <a href="mailto:international@vhzk.hr">international@vhzk.hr</a>

#### HOST INSTITUTION/ENTERPRISE

Name of the host institution/enterprise	
Faculty and department/unit/office of the HEI* or department/unit of the enterprise	
Erasmus code (only for HEI)	
Country	

Name of the contact person (title and position)			
Size of the enterprise (not for HEI)	small (1-50 staff)	medium (51-500 staff)	large (501 or more staff)
		X	
Sector/type of the host enterprise (sector NACE code ; not to fill for HEI)			

\* HEI = Higher Education Institution

### LANGUAGE COMPETENCE OF THE APPLICANT

Evaluate your language competence by using the Common European Framework of Reference for Languages codes (e.g. A1, A2, B1, B2, etc.).

Language	<i>Reading</i>	<i>Writing</i>	<i>Speaking</i>	<i>Listening</i>

### EXCHANGE

Term (winter/summer)		
Intended date of	departure from Zagreb:	returning to Zagreb:
Intended date of	first day of activities at the host institution:	last day of activities at the host institution:
Duration of stay at the host institution (in days)		
Subject of training (as cited in the table with signed Erasmus agreements for ac. y. 2014/15 or from the table with ISCED codes)		
Working language		
<u>Overall aim and objectives of the mobility</u>		
<u>Work plan: activities to be carried out and, if possible, the programme for the period</u>		
<u>Expected results</u>		
<u>Dissemination of the experience/results of your mobility in your home institution/faculty/department/office</u>		

\* Prior to departure, applicants should contact their colleagues at the host HEI/enterprise and agree on the details regarding the work plan and duration of the stay.

Date: \_\_\_\_\_

Signature of the participant: \_\_\_\_\_

Signature and stamp of hosting institution:

Signature and stamp of home institution:

\_\_\_\_\_  
(name, function and signature of the signee)

\_\_\_\_\_  
(name, function and signature of the signee)