**ERASMUS STAFF TRAINING MOBILITY/WORK PROGRAMME**

(to be filled out by teaching, administrative and technical staff who apply for mobility with the intent of professional training)

|  |  |
| --- | --- |
| Name of staff member |  |
| Name of home institution (Erasmus ID code) |  |
| Contact person at home institution(Head of department/office/institute or dean of faculty) |  |
| Position of contact person at home institution |  |
| Office/department/unit |  |

|  |  |
| --- | --- |
| Name of host institution | Faculty of Tourism and Hospitality Management, University of Rijeka, Croatia |
| Erasmus code - if the training will be held at HE institution | HR RIJEKA01 |
| Duration of mobility (min. 2 days, max. 2 months, days spent on travel do not count) |  |
| Agreed time of mobility (dates) |  |
| Name of contact person at host institution | Vedrana Čikeš |
| Position of contact person at host institution | ERASMUS and ECTS coordinator |

|  |  |
| --- | --- |
| Office/department/unit at host institution within which the candidate will do their training  | Faculty of Tourism and Hospitality Management, University of Rijeka |
| Size of the host institution/enterprise:Small: 1-50 staff; medium: 51-500 staff; large: 501 or more staff | large |
| VAT number of host institution (if host institution does not have Erasmus charter) |  |
| Sector (type of host institution) | University |
| Field/subject of training  | Economics/Tourism and Hospitality |
| Activities to be carried out and, if possible, the programme for the period(add number of days according to duration of mobility) | Day 1 |  |
| Day 2 |  |
| Day 3 |  |
| Day 4 |  |
| Day 5 |  |
| Objectives and added value of the mobility for the home institution  |  |
| Objectives and added value of the mobility for the staff member |  |

*\*In choosing grant recipients, the correlation between the duration of stay at the foreign institution and the working and teaching load will be taken into account.*

**Date:** *dd/mm/*20xx

**Applicant’s signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of contact person at the host institution:**

(Confirming the candidate’s work programme)