



İSTANBUL
SAĞLIK VE
SOSYAL
BİLİMLER
MESLEK
YÜKSEK
OKULU

ERASMUS+ STAFF TRAINING MOBILITY PROGRAM
(Application Form)

PERSONAL DATA:	Name & Surname:	Date of Birth:		
	Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>	Nationality:	Citizenship ID. Nr:	Special Care Yes <input type="checkbox"/> No <input type="checkbox"/>
CONTACT INFORMATION: (Address, Telephone, Fax, E-mail)	Turkey	İstanbul Sağlık ve Sosyal Bilimler Meslek Yüksekokulu		
	Europe			
HOME (Sending) UNIVERSITY	ISTANBUL VOCATIONAL SCHOOL OF HEALTH AND SOCIAL SCIENCES (Program/Department):	ERASMUS ID CODE: TR ISTANBU57		
ADMINISTRATIVE CONTACT	INTERNATIONAL RELATIONS OFFICE Cankurtaran Mahallesi Kennedy Caddesi No:2 Ahırkapı Feneri Yanı Fatih İSTANBUL E-mail: intoffice@issb.edu.tr Tel: +90 850 811 18 18			
HOST (Receiving) UNIVERSITY/ENTERPRISE	Name of the Institution/Department:	If university ERASMUS ID CODE:		
ADMINISTRATIVE CONTACT				
TYPE OF ACTIVITY	<input type="checkbox"/> Workshop <input type="checkbox"/> Training <input type="checkbox"/> Work Shadowing <input type="checkbox"/> Other			
TITLE	<input type="checkbox"/> Junior <input type="checkbox"/> Intermediate <input type="checkbox"/> Senior			
DATE OF VISIT:	From: .../.../2022	To: .../.../2022	Period: (The number of days)	... Days
IS IT YOUR FIRST TIME ATTENDING STAF TRAINING?	YES		NO	
	<input type="checkbox"/>		<input type="checkbox"/>	
AIMS & OBJECTIVES (Please state overall aims and objectives of the mobility as articles)				
ADDED VALUE OF THE MOBILITY (Both for the Host Institution and for the Teacher)				
EXPECTED RESULTS: (Not limited to the number of students concerned)				

ERASMUS+ STAFF EXCHANGE TRAINING PROGRAM

Days: E.g:		Content of the Training Program
I.		
II.		

I hereby confirm that I agree to the conditions of the agreement and this academic program

Signature of the Beneficiary :

CONFIRMATION for The "Training Program"

Signatures of the Institutional Coordinators:

Name of the sending institution: ISTANBUL VOCATIONAL SCHOOL OF HEALTH AND SOCIAL SCIENCES

Name and status of the official representative:

Lect. Ceren Özlem KESMEZ
Erasmus+ Institutional Coordinator

Signature:

Date:

Name of the host institution:

Name and status of the official representative:

Signature:

Date: