



Finanziato
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Ministero
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Italiadomani
PIANO NAZIONALE
DI RIPRESA E RESILIENZA



UNIVERSITÀ
DEGLI STUDI
DI BERGAMO



UNITAFRICA

*Empowering the Academic Cooperation between Italy and Africa for
fostering the quality and effectiveness of the higher education systems*

in a

mutual learning environment

TNE23-00050 - CUP D81I24000280007

HIGHER EDUCATION STAFF MOBILITY Transnational Education – TNE UNITAFRICA Teaching Staff Mobility APPLICATION FORM

APPLICANT'S DETAILS	
Surname <i>(as indicated in Passport or Identity card)</i>	First name: <i>(as indicated in Passport or Identity card)</i>
Date of birth: (dd/mm/yyyy)	Place and Country of birth:
Nationality:	Gender: (M/F)
Residence Address (Indirizzo di residenza): <i>(please indicate your full address: Address, Town, Post/Zip Code)</i>	
Document: (passport)	Passport number: Date of Expiry:
Telephone Number: Mobile Number:	E-mail Address:
Do you require Disability or Learning Support?	Yes ☐ No ☐

HOME UNIVERSITY	
Home University:	
Current position at the Home university:	

HOST UNIVERSITY	
Host University	

PROPOSED TEACHING MOBILITY	
Duration of stay (n° of days):	
Proposed dates of stay:	

The undersigned is willing to apply for the TNE Mobility grant to _____) according with the call for applications published on _____ with the following deadline _____. Compulsory attachments: - Proposed Mobility Programme signed by the applicant; - Copy of a valid passport;



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HIGHER EDUCATION STAFF MOBILITY

Transnational Education – TNE UNITAFRICA Teaching Staff Mobility

APPLICATION FORM

- Copy of official language certifications or, if not available, self-declaration within the Mobility Programme
- Curriculum Vitae (max 2 pages) in English including extra-curricular activities (courses, seminars, conferences, published research, etc.) and professional experience related to the fields of the mobility. Please use the European template on <https://europass.cedefop.europa.eu/en/documents/curriculum-vitae/templates-instructions.iehtml>;

SIGNATURE OF APPLICANT	
I confirm that the information provided on this application form is correct.	
Signature:	Place and Date:
SENDING INSTITUTION - UNIBG	
We confirm that the attached proposed mobility programme is approved.	
Head of the applicant's Department/Faculty _____	
Signature _____	
Date: _____	
HOST INSTITUTION –	
We confirm that the attached proposed mobility programme is approved by the following Department:	

Academic Coordinator/IRO _____	
Signature _____	
Date: _____	