

**RIGA 1ST MEDICAL COLLEGE OF THE UNIVERSITY OF LATVIA
APPLICATION FOR STAFF TEACHING/TRAINING MOBILITY**

Riga 1st Medical College of the University of Latvia, Tomsona street 37, Riga, LV 1013

medskola@medskola.lv; Phone 67371148, Fax 67339626

1. Personal data

Name: _____

Surname: _____

Phone: _____ E-mail: _____

2. Job information

Chair: _____

Position : _____

3. Have you previously participated in Erasmus program?

If yes, please specify in which activity (teaching/training)

yes

no

4. Selected partner institutions:

Priority	Institution and country	Objective
1.		
2.		
3.		

5. Exchange period

Autumn semester

Spring semester

Autumn and spring semester

Start date

End date

6. Language skills

English

German

French

Spanish

...

...

7. Please briefly describe why you wish to participate in the exchange program

8. I, the undersigned, certify that all information provided is true:

Signature _____

Signature deciphering _____

Date _____

9. Signature of the head of the selection committee for support to participate in the exchange program

Head of the selection committee _____

Signature _____

Signature deciphering _____

Date _____