Annex 1

№ ……… / ………….….

**TO THE PROJECT MANAGER**

**OF PROJECT № BG05M2OP001-2.016-0025**

**APPLICATION FORM**

**For participation in incoming mobility**

From …………………………………………………………………………….……………………

*(Name, Surname and Family name of the applicant)*

Lecturer in University: ……………………………………………………………….....……..

Faculty…………………….………….. Department …………….............................................

The mobility is connected with the professional field I work in:

 [ ]  7.1 Medicine [ ]  7.5 Healthcare

English proficiency level: ...

I declare my wish to participate in three-month mobility for teaching (90 hours), carried out within the framework of the project №BG05M2OP001-2.016-0025 "Creating a multidisciplinary educational environment for the development of personnel with integral competences in the field of biomedicine and health care" in Medical University of Varna

Attached files:

1. Copy of a document for English language proficiency (in case the applicant does not have such document, the level of proficiency is declared only in the application form)

[ ]  Yes, I voluntarily provide and give my consent to Medical University - Varna, for the activities under project №BG05M2OP001-2.016-0025 "Creating a multidisciplinary educational environment for the development of personnel with integral competences in the field of biomedicine and healthcare", to process my personal data for official use in accordance with the provisions of Regulation (EU) 2016/679 of the European Parliament and of the Council (art. 7) on the protection of natural persons with regard to the processing of personal data and on the free movement of such data and for repealing of Directive 95/46/EO (GDPR). I am familiar with the purposes of processing my personal data.

Date: …………………… 2023 Signature of the applicant: …………..