**Erasmus+ ICM OUT Staff for Teaching/Training**

**Information for Grant Agreement**

|  |  |
| --- | --- |
| **First Name** |  |
| **Last Name** |  |
| **Citizenship** |  |
| **E-mail Address** |  |
| **Phone Number** |  |
| **Passport Number** |  |
| **Academic Year** |  |
| **Bank Account** (preferably EUR currency account) |  |

In Prague, date …