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**APPLICATION FORM**

**Erasmus+ Staff International Week**

**27 – 31 October, 2025**

I hereby apply to participate in the meeting:

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| --- | --- | --- | --- | --- | --- |
| No. | Name and surname of the participant | | Institution | | e-mail |
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| 1. **Terms of participation:**  * Participation in the Erasmus+ Staff International Week is free of charge. Participants will only bear the costs of accommodation and meals on the Academy’s premises, if they use it. * **The completed application form shall be sent by 15 September, 2025,**  to the following e-mail: *erasmus@apol.edu.pl.* **Applications sent after this date will not be accepted.** * **Written notice is required to withdraw from participation.** * Substitution/replacement of a participant – replacement of a participant is possible up to 12 days before the start of the event **upon agreement with the organizer.**  1. Accommodation   **Cost of accommodation at the Police Academy in Szczytno:** ☐ Accommodation in a single room: PLN 162.00 gross ☐ Accommodation in a double room: PLN 108.00 gross ☐ Please indicate whether assistance is required to book accommodation outside the Police Academy in Szczytno   1. **Meal costs at the Police Academy in Szczytno:**   ☐ Full board from 27 to 30 October 2025: PLN 216.00 gross ☐ Breakfast on 31 October 2025: PLN 13.50 gross ☐ Breakfast and lunch on 31 October 2025: PLN 40.50 gross   1. **Information on dietary preferences:** *(Please tick the appropriate options or add other requirements)*   ☐ Vegetarian diet      ☐ Other (please specify):                ……………………………………….  **5. Declarations:**  ☐ Consent to the processing of personal data (RODO/GDPR)  ☐ Confirmation of commitment to participate in the programme events  ☐ Consent to the publication of photos from the event | | | | | |
| ***I hereby declare****, that our organisational unit/company is/is not\* a VAT payer. I authorise the Police Academy in Szczytno to issue a VAT invoice without the recipient's signature.*  ………………………………….  Signature of the authorised person | | | | | |
| Signature of the participant | | Signature of the person authorizing the Mobility | | Date, stamp of the organisational unit/company | |

\**tick the appropriate*