



TARTU HEALTH CARE COLLEGE

APPLICATION FORM FOR ERASMUS+ STUDY MOBILITY

academic year 2023	3/2024	☐ autumn semester☐ spring semester
Sending Institution		
Name		
Address		
International Coordinator / Mobility Coordinator		
E-mail address		
Telephone		
Applicant		
Name		
Surname		
E-mail address		
Telephone		
Contact address		
Nationality		
ID/Passport number		
Curriculum / Programme		Year of study
Contat person in case of emergence	су	
Name		
Surname		
E-mail address		
Telephone		

Submitted together with the application: Transcript of Records Learning Agreement for Traineeship Learning Agreement for Studies Learning Agreement for VET COVID vaccination certificate

Submit electronically with annexes: erasmus@nooruse.ee

connection with the application is accurate.

Practical training learning outcomes

Informed consent for processing personal data: by submitting this application the applicant gives consent to Tartu Health Care College to storage, process and use given the personal data for purposes of completing the application process. Necessary data will be shared with third persons solely for the purposes related to the application for traineeship.

☐ By submitting the application, I declare that the information I have provided in