



## BANK IDENTIFICATION FORM-INTEC

The data provided below will be managed only in relation with the upcoming **INTERNATIONAL STAFF WEEK** that will be held on **June 22-26, 2026** at INTEC.

**Note:** When preparing the transfer in your bank account system or with the assistance of a bank clerk, please put in the subject line *“ISW June 2026 (full name) (include your institution acronym)”* and send transfer confirmation to [mayelisa.hidalgo@intec.edu.do](mailto:mayelisa.hidalgo@intec.edu.do) [oscairy.martinez@intec.edu.do](mailto:oscairy.martinez@intec.edu.do)

Participant name (as appears in passport / ID)		
Participant last name (as appears in passport / ID)		
Passport / ID number		
Full home address		
<b>Bank account information where the registration fee of EUR 120.00 per participant should be transferred. Please note that cost associated with transfer charges should be borne by the participant.</b>		
<b>1. Bank account in EUR (Euros)</b>		
Beneficiary	Beneficiary's name	INSTITUTO TECNOLÓGICO DE SANTO DOMINGO
	Beneficiary's account No.	00009980211
	IBAN	DO75BCBH000000000000009980211
Beneficiary bank	Name of the bank	BANCO BHD
	Address of the bank	AVENIDA 27 DE FEBRERO ESQUINA AVENIDA WINSTON CHURCHILL
	City/Country	SANTO DOMINGO/DOMINICAN REPUBLIC
	SWIFT	BCBHDOSDXXX
Intermediary Bank of Beneficiary's bank	Name of the bank	BANCO SABADELL, S.A.
	Intermediary account:	090101175228
	Address of the bank	AV. OSCAR ESPLA, 37.03007
	City/Country	ALICANTE/SPAIN
	SWIFT	BSABESBB

## Incoming Mobility Application Form Academic and Administrative Staff



**Date:** Introduce date

Personal Data			
Names(s)		Surnames(s)	
Birthplace		Passport No.	
Date of birth	Introduce date	Sex	<input type="checkbox"/> F <input type="checkbox"/> M
Nationality		Email	
Department/Faculty		Current Position	
Academic Level Obtained	Elija un elemento.	Contact number with area code	+
Address of perman. residence			
Mobility Information			
Sending Institution			
Information of Sending Insitution	[Introduce name and contact email of person responsible of the mobility department in your institution]		
Mobility Modality	<input type="checkbox"/> On-site <input type="checkbox"/> Virtual	Start date	Fecha de Inicio
		End date	Fecha de Termino
Activities to carry-out during mobility	<input type="checkbox"/> Research <input type="checkbox"/> Teaching <input type="checkbox"/> Training <input type="checkbox"/> Institutional Visit <input type="checkbox"/> Presentation in an Event. Specify event:  <input type="checkbox"/> Other(s). Specify:	Main goals of the mobility	
Financial Source(s)	<input type="checkbox"/> Erasmus+ <input type="checkbox"/> Home Institution <input type="checkbox"/> Personal <input type="checkbox"/> Other(s). Specify:		
Webpage of home institution		Instagram of home institution or mobility office	
In Case of Emergency Contact:			
Full Name		Relationship	
Contact number with area code	+	Address	

Academic and Administrative Staff with Disabilities (difficulties to do some tasks). The Washington Group Questions on Disability			
Do you have difficulty seeing, even if wearing glasses?	Elija un elemento.	Do you have difficulty remembering or concentrating?	Elija un elemento.
Do you have difficulty hearing, even if using a hearing aid?	Elija un elemento.	Do you have difficulty (with self-care such as) washing all over or dressing?	Elija un elemento.
Do you have difficulty walking or climbing steps?	Elija un elemento.	Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood?	Elija un elemento.

Signature of Applicant

**Documents that MUST be attached to this application form:**

1. **Training and/or learning agreement** (only for participants under the Erasmus+ Program) or **Work Plan**
2. **Nomination Letter by Home Institution**
3. **Curriculum Vitae**. Of preference with Europass format. Available at <https://europa.eu/europass/eportfolio/screen/cv-editor?lang=es>
4. **Passport scan**. Document scan of the biographical information page of the individual. It shall be valid, legible and without damage.
5. **Profile picture**. In formats JPEG, JPG or PNG.
6. **Short description of your profile**

**NOTE:**

This application form does not constitute an automatic acceptance of mobility.

## Long Profile Description

Photo

Name and Last Name  
Job Department  
Position  
Email  
Fields of study

## University-related information

Name of the university	Text
Country	Text
City	Text
Year of establishment	Text
Rector	Text
No. of active students	Text

