**APPLICATION FORM FOR STAFF MOBILITY FOR TRAINING**

**under Erasmus+ programme in the academic year 2020/2021**

*To be completed in block letters or printed*

1. **Personal data of the staff memeber**

|  |  |
| --- | --- |
| **Name and surname** |  |
| **Academic/Professional title, position** |  |
| **Faculty/Unit of TUL** |  |
| **Phone number** |  |
| **E-mail** |  |
| **Seniority** | **Junior: < 10 years experience**  **Intermediate: 10-20 years experience**  **Senior: > 20 years experience** |

**Linguistic competence**

|  |  |
| --- | --- |
| **Language** | **Level** *(A1-C2)* |
|  |  |

1. **Information on mobility**

|  |  |
| --- | --- |
| **Name of the receiving institution, country** |  |
| **Start and end dates of the mobility** (including travel days) |  |
| **Brief description of the receiving institution** |  |
| **Reasons for choosing the receiving institution** |  |
| **Previous contact with the receiving institution** |  |
| **Overall objective of the mobility** |  |
| **Focus areas** | **Development of new teaching methods**  **Quality Assurance System of Teaching**  **Internationalisation**  **Pro-student policy**  **Improving language competence**  **Developing soft skills** |
| **Objectives related to the focus area(s) and expected outcomes** |  |
| **Planned activities** |  |
| **Ways of sharing good practices at TUL** |  |

**Expected outcomes of the mobility for:**

|  |  |
| --- | --- |
| **The receiving institution** |  |
| **Home institution** |  |
| **The participant**  **of the mobility** |  |

**Previous mobilities under the Erasmus+ programme:**

**Yes**

**No**

|  |  |  |
| --- | --- | --- |
| **1.** | **Host institution** |  |
| **Academic year** |  |
| **Mobility outcomes** |  |
| **2.** | **Host institution** |  |
| **Academic year** |  |
| **Mobility outcomes** |  |
| **3.** | **Host institution** |  |
| **Academic year** |  |
| **Mobility outcomes** |  |

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Signature of the mobility applicant Signature of the Director of the TUL Institute/Department/Unit