**APPLICATION FORM FOR STAFF MOBILITY FOR TRAINING**

**under Erasmus+ programme in the academic year 2019/2020**

*To be completed in block letters or printed*

1. **Employee’s personal data**

|  |  |
| --- | --- |
| **Name and surname** |  |
| **Title, academic degree** |  |
| **Faculty/Unit at TUL** |  |
| **Telephone number**  |  |
| **E-mail** |  |
| **Job tenure (junior <10 yrs, medium 10-20 yrs, senior>20 yrs)** |  |

**Linguistic competence**

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

1. **Information on mobility**

|  |  |
| --- | --- |
| **Receiving institution, country** |  |
| **Dates of mobility** (with the travel period marked) |  |
| **Brief description of the receiving institution** |  |
| **Justification for the choice of receiving institution** |  |
| **Contact with the receiving institution to date** |  |
| **Purpose of the mobility** |  |
| **Priority area** |  |
| **Description of the implementation of the objectives of the selected priority area** |  |
| **Planned activities** |  |
| **Method of disseminating new practices in TUL** |  |

**Mobilities to date under *Learning mobility between Partner Countries* programme
or LLP Erasmus (2007-2013)**

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| **1.** | **Receiving institution** |  |
| **Academic year** |  |
| **Mobility outcomes** |  |
| **2.** | **Receiving institution** |  |
| **Academic year** |  |
| **Mobility outcomes** |  |
| **3.**  | **Receiving institution** |  |
| **Academic year** |  |
| **Mobility outcomes** |  |

**Annexes:**

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