**APPLICATION FORM FOR STAFF MOBILITY FOR TEACHING**

**under Erasmus+ programme (KA131 project)**

*To be completed in block letters or printed*

**Type of mobility** *– please choose one:*

**Mobility for teaching (min. 8 hours of teaching)**

**Mobility for teaching combined with specialized training (min. 4 hours of teaching)\*** *please fill in the additional boxes marked with an asterisk*

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

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

**Courses conducted in a foreign language at TUL:**

**Yes**

**No**

**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) |  |
| **Does the mobility contain a virtual part?** | **Yes**  **No** |
| **Is the registration fee required?** | **Yes.** How much is the fee?:  **No** |
| **Brief description of the receiving institution** |  |
| **Reasons for choosing the receiving institution** |  |
| **Previous contact with the receiving institution** |  |
| **Main objective of the mobility** |  |
| **Focus areas** | **Development of new teaching methods**  **Quality Assurance System of Teaching**  **Internationalisation**  **Pro-student policy** |
| **Objectives related to the focus area(s) and expected outcomes** |  |
| **Is the training aimed at acquiring digital skills?** | **Yes**  **No** |
| **\*Objectives of the training activity** *(Mobility for teaching combined with specialized training)* |  |
| **\*Is the training aimed at improving didactic competences and/or skills in curriculum development?**  *(Mobility for teaching combined with specialized training)* | **Yes**  **No** |
| **Planned activities** |  |
| **Possible ways of sharing good practices at TUL** |  |

**Expected outcomes of the mobility for:**

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

**Teaching activities**

|  |  |
| --- | --- |
| **Main subject field** |  |
| **Expected number of teaching hours** |  |
| **The form of classes, teaching methods and techniques** |  |
| **Number of participating students** |  |

**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** |  |

……………………………………. …………………………………………

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