**APPLICATION FORM FOR STAFF MOBILITY FOR TRAINING**

**under the Education Programme - Mobility Projects in Higher Education in the period 2020/07/01 – 2022/09/30**

*To be completed in block letters or printed*

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**[ ]  **Intermediate: 10-20 years experience**[ ]  **Senior: > 20 years experience** |

**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) |  |
| **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** |
| **Objectives related to the focus area(s) and expected outcomes** |  |
| **Planned activities** |  |
| **Ways of sharing good practices at TUL** |  |

**The enclosed documents:**

[ ]  **Host Institution Declaration**

[ ]  **Other………………………..**

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