**Academic teacher application form for the**

**mobility for teaching purposes within the Erasmus+**

**Programme in the 20……/20…… academic year**

1. **Personal data of the applicant**

|  |  |
| --- | --- |
| Surname |  |
| Names |  |
| Date of birth |  |
| Citizenship |  |
| PESEL |  |
| Passport number[[1]](#footnote-1) |  |
| Permanent address |  |
| Phone |  |
| E-mail |  |
| Faculty |  |
| Position |  |
| Title / degree |  |
| Teaching experience | [ ]  less than 10 years of experience[ ]  10 to 20 years of experience [ ]  more than 20 years of experience |

1. **Direction of mobility**

Please provide information on: the planned mobility and place of its performance.

|  |  |
| --- | --- |
| Planned mobility period (excluding travel days) | from ........................... to ………………………… |
| Duration of mobility (including travel days) | from ........................... to ………………………… |
| Name of receiving university  |  |
| Address of the receiving university |  |
| Topics of planned classes |  |
| Form of planned classes (lecture, exercises, seminar, etc.) |  |
| Planned number of teaching hours (per week) |  |
| The language of conducting didactic classes |  |

1. **Mobility capital statement[[2]](#footnote-2)**

□ I hereby declare that I have not participated in any mobility within the Erasmus+ Programme

□ I hereby declare that I have participated in the mobility within the Erasmus+ Programme
(In case of more mobilities, please copy the part below)

Academic year of the mobility: 20.../20…

Category of the mobility: □ teaching □ training

Receiving university/institution .........................................................................................................................

The exact period of mobility........months ........days.

Academic year of the mobility: 20.../20…

Category of the mobility: □ teaching □ training

Receiving university/institution .........................................................................................................................

The exact period of mobility........months ........days.

1. **Statements necessary for the implementation of mobility[[3]](#footnote-3)**
2. Have preliminary arrangements been made with the receiving university?

[ ]  Yes [ ]  No

1. Will the teaching activity be combined with the training activity during one mobility period?
[ ]  Yes [ ]  No
2. I declare that I know a foreign language to the extent that I can teach at the receiving university.
[ ]  Yes [ ]  No
3. I have a documented degree of disability at the time of this application.
[ ]  Yes [ ]  No
4. If I am qualified for the mobility, I undertake to purchase compulsory health insurance for the duration of the mobility and stay at the receiving institution.
[ ]  Yes [ ]  No
5. I declare that I have read the "Regulations on the outgoing mobilities within the Erasmus+ Programme" and the "University's rules for financing of the Erasmus+ Programme" and I undertake to comply with them.
[ ]  Yes [ ]  No

**Date and signature of the applicant:**

**Date and signature of the immediate supervisor**

**Date of submission of the application to the International Cooperation Department: .…………………………………..**

**Appendices to the application form:**

1. Draft agreement on conducting teaching activities i.e. Mobility Agreement Staff Mobility For Teaching
2. Other:
	1.
	2.
	3.
	4.
1. fill in only in case of mobilities to countries that are not members of the European Union [↑](#footnote-ref-1)
2. mark/underline the correct [↑](#footnote-ref-2)
3. mark/underline the correct [↑](#footnote-ref-3)