**Application for of an employee / academic teacher application form[[1]](#footnote-1)**

**for the mobility for training 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[[2]](#footnote-2) |  |
| Permanent address |  |
| Phone |  |
| E-mail |  |
| Faculty / organizational unit |  |
| 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 the receiving institution |  |
| Address of the receiving institution |  |
| Scope of training |  |
| What is the expected impact of going to a foreign receiving institution on your professional development and the improvement of competences? |  |

1. **Mobility capital statement[[3]](#footnote-3)**

□ 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[[4]](#footnote-4)**
2. Have preliminary arrangements been made with the receiving university?

Yes  No

1. Will part of the mobility take the online form?  
    Yes  No
2. Do you work for the internationalization of the University, e.g. serving foreign students, concluding international agreements?

☐ Yes ☐ No

1. I declare that I know a foreign language to the extent that I can participate in training at the receiving institution.  
    Yes  No
2. I have a documented degree of disability at the time of this application.  
    Yes  No
3. 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
4. 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 participation in training i.e. Mobility Agreement Staff Mobility For Training
2. Other:

1. mark/underline the correct [↑](#footnote-ref-1)
2. fill in only in case of mobilities to countries that are not members of the European Union [↑](#footnote-ref-2)
3. mark/underline the correct [↑](#footnote-ref-3)
4. mark/underline the correct [↑](#footnote-ref-4)