**Erasmus+ International Credit Mobility**

**Application Form for Staff Mobility**

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| **Applicant Contact Details** | | |
| **Title** |  | |
| **First Name/ Last Name** |  | |
| **Email / Telephone** |  | |
| **Job Title** |  | |
| **Subject/ Group** |  | |
| **School/ Institute / Department** |  | |
| **Previous Erasmus Staff Mobility** | I   have  have not  participated in an Erasmus Staff Mobility exchange before.  If yes, please detail when and where: …………………………………………………………………………. | |
| **Additional support**  Do you have a disability that requires additional support? | YES  NO | |
| **Activity Information** | | |
| **Type of requested activity** – mark an ‘X’ | **Staff Teaching Exchange**  Proposed teaching topic/ title: |  |
| Staff Research / Training exchange: | Workshop/ course  Job shadowing  Staff Training Week  Other Please specify …………………………………………………… |
| **Dates of proposed mobility** | Outgoing travel dates:  Teaching/Research/Training Activity start date:  Teaching/Research/Training Activity end date:  Return travel dates: | |
| **Total number of actual teaching/ training days** |  | |
| **Total planned teaching/ training hours** |  | |
| **Proposed Host University:** |  | |
| **Proposed Host Department:** |  | |
| **List your overall objectives of the mobility and expected outcomes/dissemination** |  | |
| **If you are planning to teach, indicate the level of students you will be teaching** | Undergraduate  Masters  Doctoral | |
| **Subject teaching area (using ISCED codes, see:** [**http://ec.europa.eu/education/tools/isced-f\_en.htm**](http://ec.europa.eu/education/tools/isced-f_en.htm)**)** | Code: | |
| **Signature and Date:** |  | |