**** ***College* of *Applied Sciences „Lavoslav Ružička“* in *Vukovar***

Obrazac P.O.5.3.

**ERASMUS+ TEACHING STAFF MOBILITY**

**TEACHING AND WORK PROGRAMME/PLAN**

The application should be filled out electronically, printed and signed.

**STAFF MEMBER**

|  |  |
| --- | --- |
| NAME OF STAFF MEMBER |  |
| ACADEMIC DEGREE/ TITLE |  |
| TEL |  |
| E-MAIL |  |
| POSITION |  |
| NAME OF THE COURSE/DEPARTMENT AT THE HOME INSTITUTION |  |

**HOME INSTITUTION**

|  |  |
| --- | --- |
| HOME INSTITUTION |  |
| DEPARTMENT |  |
| ADDRESS |  |
| CONTACT PERSON AT THE HOME INSTITUTION, POSITION |  |
| TEL |  |
| FAX |  |
| E-MAIL |  |

**HOST INSTITUTION**

|  |  |
| --- | --- |
| HOST INSTITUTION |  |
| DEPARTMENT/OFFICE/UNIT  SECTOR |  |
| ADDRESS |  |
| ADDRESS (PLACE OF IMPLEMENTATION ACTIVITY- IF IS DIFFERENT THAN HEAD OFFICE OF HOST INSTITUTION) |  |
| PIC/ERASMUS ID CODE |  |
| VAT NUMBER IF HOS INSTITUTION DOES NOT HAVE ERASMUS CHART |  |
| IF AN ENTERPRISE, NUBBER OF PERSONEL | 1-50 50-250 250 and over |
| CONTACT PERSON AT THE HOME INSTITUTION, TITLE AND POSITION |  |
| TEL |  |
| FAX |  |
| E-MAIL |  |

**MOBILITY PROGRAMME**

|  |  |
| --- | --- |
| NAME OF THE COURSE AT THE HOST INSTITUTION |  |
| SUBJECT AREA –TEACHING |  |
| NUMBER OF TEACHING HOURS |  |
| LEVEL OF TEACHING (BACHELOR / MASTER / DOCTORATE) |  |
| STUDY PROGRAMME IN COURSE OF WHICH THE CLASSES SHALL BE HELD |  |
| TITLE OF THE TEACHING PROGRAMME |  |
| CONTENT OF THE TEACHING PROGRAMME |  |
| NUMBER OF STUDENTS AT THE HOST INSTITUTION BENEFITING FROM THE TEACHING PROGRAMME |  |
| FIELD/SUBJECT AREA OF TRAINING |  |
| TITLE OF THE TRAINING SUBJECT |  |
| CONTENT OF TRAINING | Language Training Study Visit  Getting Training Job-Shadowing  Seminar Workshop  Other (Please explain) |
| MAIN LANGUAGE DURING ACTIVITY |  |
| NUMBER OF DAYS ATTENDED TO THE ACIVITY |  |
| AIM OF MOBILITY |  |
| ADDED VALUE OF THE MOBILITY (BOTH FOR THE HOST INSTITUTION AND FOR THE TEACHER) |  |
| EXPECTED RESULTS, I.E. HOW IS THE MOBILITY GOING TO AFFECT YOUR FUTURE PROFESSIONAL WORK AT THE HOME INSTITUTION? |  |
| DISSEMINATION ACTIVITIES ABOUT EXPERIENCE FROM THE ERASMUS+ MOBILITY AFTER RETURNING AT THE HOME INSTITUTION |  |
| DURATION OF STAY FROM (DD,MM,YY) TILL (DD,MM,YY) |  |
| NUMBER OF DAYS ATTENDED TO THE ACIVITY |  |

**DETALIED TEACHING PROGRAMME**

|  |  |  |
| --- | --- | --- |
| Activities planned during the stay at the host institution | DAY 1 |  |
| DAY 2 |  |
| DAY 3 |  |
| DAY 4 |  |
| DAY 5 |  |

**DETALIED WORK PROGRAMME**

|  |  |  |
| --- | --- | --- |
| Activities planned during the stay at the host institution | DAY 6 |  |
| DAY 7 |  |
| DAY 8 |  |
| DAY 9 |  |
| DAY 10 |  |

Date:

Signature (outgoing staff):

**Approved by:**

**(**Fill out by hand**)**

|  |  |  |
| --- | --- | --- |
| **Home institution:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dean:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Stamp of the Institution: |  | **Host institution:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Host professor/Dean/Erasmus coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Stamp of the Institution: |