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

Obrazac P.O.5.3.

**ERASMUS+ MOBILITY STA & STT**

**TEACHING AND WORK 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/UNITSECTOR |       |
| 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 TEACHING  |       |
| NUMBER OF DAYS ATTENDED TO THE ACIVITY TRAINING |       |
| 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 (OBLIGATORY FRAMEWORK PROGRAM)**

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

**DETALIED WORK PROGRAMME (OBLIGATORY FRAMEWORK PROGRAM)**

|  |  |  |
| --- | --- | --- |
| 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: |