

**Antrag auf ERASMUS+ Personalmobilität Lehre/ Fortbildung  
ERASMUS+ Application for Staff Mobility Teaching/ Training**

**Applicant**

Last name(s)		First name(s)	
Seniority <sup>1</sup>		Nationality <sup>2</sup>	
Sex [M/F]		Academic year	20 /20
E-Mail			
Position at home university			

**The Sending Institution**

Name	Hochschule Stralsund		
City	Stralsund		
Erasmus code <sup>3</sup> (if applicable)	D STRALSU 01	Country/ Country code <sup>4</sup>	DE
Department/unit			
Address			
Contact person: name, department, position		Contact person: e-mail / phone	

**The Receiving Institution**

Name			
City			
Erasmus code (if applicable)		Country/ Country code	
Department/unit			
Address			
Contact person: name, department, position		Contact person e-mail / phone	

Start date of teaching/training mobility <sup>5</sup> (dd/mm/yy)	
End date of teaching/training mobility <sup>6</sup> (dd/mm/yy)	

☐

Additional day for travel needed directly before the first day of the activity abroad Additional

☐

day for travel needed directly following the last day of the activity

<b>Teaching at receiving institution</b>	<b>Yes</b>	<b>No</b>
Number of teaching hours during your mobility at the receiving institution		
Subject field/ISCED <sup>7</sup>		
Level	<input type="checkbox"/> Short cycle <input type="checkbox"/> Bachelor or equivalent first cycle Master <input type="checkbox"/> or equivalent second cycle Doctoral or <input type="checkbox"/> equivalent third cycle	

<b>Training at receiving institution</b>	<b>Yes</b>	<b>No</b>
Work category of participant	International Office Finance General Admin and Technical Administration Student Information/ Counseling Library Academic Staff Other	
The type of training carried out during the mobility:	Workshop Training	Job shadowing Other.

#### Language skills

Main Instruction/Work/Volunteering Language at the receiving institution	
--	--

#### Financial issues

Do you receive any other financial support for your stay at the receiving institution?	Yes	No
If Yes, what source and what amount?		
Participant with Special Needs	Yes	No

#### Information of Bank Account

Account owner's name	
Bank name	
IBAN	
BIC/ SWIFT	

#### Acknowledgment of the academic coordinator at sending institution.

Date	Signature
------	-----------

I hereby declare that all information given is correct and that I am applying for the ERASMUS+ grant:

Date	Signature
------	-----------

In submitting this form, you agree to the processing of your personal data according to data privacy regulations. Your personal data will be used for the implementation of the ERASMUS+ exchange programme and as a source for the European Commission reports.

<sup>1</sup> **Seniority:** Junior (approx. < 10 years of experience), Intermediate (approx. > 10 and < 20 years of experience) or Senior (approx. > 20 years of experience).

<sup>2</sup> **Nationality:** Country to which the person belongs administratively and that issues the ID card and/or passport.

<sup>3</sup> **Erasmus Code:** A unique identifier that every higher education institution that has been awarded with the Erasmus Charter for Higher Education receives. It is only applicable to higher education institutions located in Program Countries.

<sup>4</sup> **Country code:** ISO 3166-2 country codes available at: <https://www.iso.org/obp/ui/#search>.

<sup>5</sup> The date on which the mobility activity starts <sup>6</sup> The date on which the mobility activity ends

<sup>7</sup> The **ISCED-F 2013 search tool** is available at [http://ec.europa.eu/education/tools/isced-f\\_en.htm](http://ec.europa.eu/education/tools/isced-f_en.htm)