

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

Applicant

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

The Sending Institution

Name	Hochschule Stralsund		
City	Stralsund		
Erasmus code ³ (if applicable)	D STRALSU 01	Country/ Country code ⁴	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 ⁵ (dd/mm/yy)	
End date of teaching/training mobility ⁶ (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

Teaching at receiving institution	Yes <input type="radio"/>	No <input type="radio"/>
Number of teaching hours during your mobility at the receiving institution		
Subject field/ISCED ⁷		
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	

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

Language skills

Main Instruction/Work/Volunteering Language at the receiving institution	
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Financial issues

Do you receive any other financial support for your stay at the receiving institution?	Yes <input type="radio"/>	No <input type="radio"/>
If Yes, what source and what amount?		
Participant with Special Needs	Yes <input type="radio"/>	No <input type="radio"/>

Information of Bank Account

Account owner's name	
Bank name	
IBAN	
BIC/ SWIFT	

Acknowledgment of the academic coordinator at sending institution.

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

Date	Signature
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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.

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

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

³ **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.

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

⁵ The date on which the mobility activity starts ⁶ The date on which the mobility activity ends

⁷ The **ISCED-F 2013 search tool** is available at http://ec.europa.eu/education/tools/isced-f_en.htm