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| **STAFF MOBILITY FOR TEACHING ASSIGNMENTS (STA)** Mobility Agreement (Individual Teaching Programme) | **Academic year****2020/2021** |
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| Planned period of a teaching activity | From *(dd/mm/yyyy)* | To *(dd/mm/yyyy)*  |
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| Duration (days) - total |  | Duration (days) – excluding travel days |  |
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| **The Teacher** |
| Last Name |  |
| First Name |  |
| Academic Degree/Title |  | Seniority1 | [ ]  < 10 years of experience [ ]  >10 and<20 years of experience[ ]  > 20 years of experience |
| Nationality2 |  | Gender (Male/Female/Undefined) |  |
| Email |  |
| Faculty/Institute/Dept(if applicable) |  |
| Address (business) |  |
| Telephone, Fax (business) |  |

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| **The Sending Institution/Enterprise**3 |
| Name |  |
| Erasmus Code4  |  | Size of enterprise(if applicable) | [ ]  < 250[ ]  > 250 |
| Address (Street, No, Zip Code, City) |  | Country/ Country code5 |  |
| Contact Person at the sending institution / enterprise |  | E-mail/phone |  |

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| **The Receiving Institution** |
| Name | UNIVERSITY OF LIFE SCIENCES IN LUBLIN, Poland (Uniwersytet Przyrodniczy w Lublinie) |
| Erasmus Code5 | PL LUBLIN04 | Size of enterprise(if applicable) | [ ]  < 250[x]  > 250 |
| Faculty/Department/Unit(if applicable)  |  |
| Address (Street, No, Zip Code, City) | Akademicka 13, 20-950 Lublin | Country/ Country code5 | POLAND/PL |
| Contact Person at the Department(Name, position, e-mail/phone) |  |

**Section to be completed BEFORE MOBILITY**

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| **I. PROPOSED MOBILITY PROGRAMME (Details of the Individual Teaching Programme)** |
| Main Subject Field6 |  |
| Language of teaching |  |

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| **Overall Objectives of the mobility:**  |

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| Teaching Programme -Topic(s) taught | Course type**\*** | Number of hours**\*\*** | Level (mark by **X**) | Number of students benefiting from the activity  |
| (choose - see below) | Bachelor | Master | Doctoral |
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 **\***Course type:lecture, classes, seminar, other (please specify)

**\*\***Minimum **8** teaching hours per **5** working days or any shorter period of stay (longer stay – proportionately more hours). If the teaching activity is combined with a training activity during a single period abroad, the minimum is reduced to 4 teaching hours per week (or any shorter period of stay). There is no minimum number of teaching hours for invited staff from enterprises.

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| **TYPE OF MOBILITY:****[ ]  full time at the receiving instituton [ ]  full time at the receiving institution carried out online [ ]  blended [ ]  remote** |

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| **Expected outcomes and impact (not limited to the number of students concerned; e.g. on the professional development of the teaching staff member and on the competences of students at both institutions):** |

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| **Added value of the mobility ( for teacher and in the context of the modernisation and internationalisation strategies of the institutions involved):** |

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| **II. COMMITMENT OF THE THREE PARTIES** |

By signing7 this document, the teaching staff member, the sending institution/enterprise and the receiving institution confirm that they approve the proposed mobility agreement.

The sending higher education institution supports the staff mobility as part of its modernisation and internationalisation strategy and will recognise it as a component in any evaluation or assessment of the teaching staff member.

The teaching staff member will share his/her experience, in particular its impact on his/her professional development and on the sending higher education institution, as a source of inspiration to others.

The teaching staff member and the beneficiary institution commit to the requirements set out in the grant agreement signed between them.

The teaching staff member and the receiving institution will communicate to the sending institution/enterprise any problems or changes regarding the proposed mobility programme or mobility period.

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| **The Teaching Staff Member (Teacher)** |
| **Name** |  |
| Date ……………………………………. | Signature …………………………………………… |

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| **The Sending Institution/Enterprise**  |
| **Name of the responsible person** |  |
| Date ……………………………………. | Signature and stamp…………………………………………… |
| **Institutional Erasmus+ Coordinator** | **IZABELA WOLSKA, MA** |
| DateStamp | Signature |

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| **The Receiving University(ULS Lublin)** |
| **Name of the responsible person** | **Izabela Wolska****Institutional Erasmus+ Coordinator** |
| Date ……………………………………. | Signature and stamp…………………………………………… |

 **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.

3Any Programme or Partner Country enterprise or, more generally, any public or private organisation active in the labour market or in the fields of education, training and youth

4 **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 Programme Countries.

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

6 The [ISCED-F 2013 search tool](http://ec.europa.eu/education/tools/isced-f_en.htm) available at <http://ec.europa.eu/education/tools/isced-f_en.htm> should be used to find the ISCED 2013 detailed field of education and training that is to the subject taught.

7 Circulating papers with original signatures is not compulsory. Scanned copies of signatures or digital signatures may be accepted, depending on the national legislation of the sending institution.