BARTIN UNIVERSITY

PHOTO

Erasmus+ Outgoing Staff for Teaching

Application Form

2019/20

1. **Personal Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and Surname** |  | | |
| **Citizenship ID Number OR Passport No** |  | | |
| **Date of Birth** |  | **Place of Birth** |  |
| **Gender** | **Female**  **Male** | **Gender** |  |
| **Phone (Home)** |  | **Phone (GSM)** |  |
| **Current Address** |  | | |
| **Permanent Address** |  | | |

1. **Administrative and Academic Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Faculty/Institute** |  | **Department** |  |
| **Position/Job Title** |  | | |
| **YDS or Equivalent Test Result**  **(UDS, TOEFL/IELTS etc.) & Year** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(Grade)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(Year)** | | |
| **Commencement of Work at Bartın University** | \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_ **(Day/Month/Year)** | | |
| **Are you and Erasmus Departmental /**  **Faculty /**  **Institute Coordinator** | Yes  No  **(If yes) I have been a Departmental/Faculty/Institute coordinator at**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Academic Unit) *SINCE*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Month-Year)** | | |

1. **Details of Application and Proposed Mobility Abroad**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of Previous Erasmus+ Experience**  (if applicable, please give details for your previous experience of mobility) | This will be my first experience for a staff mobility | | | | | | |
| I have previously experienced staff mobility | |  | **Details of Previous Mobility** | | | |
| **Teaching or Training** | | **Institution / Country** | |
| **Dates** | 1. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ | |  | |
| 1. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ | |  | |
| **In case the quota is full, would you like to participate in the mobility with our partner K-GEM project?** | Yes  No | | | | | | |
| **Semester you would like to mobilize in** | Fall  Spring | | | | | | |
| **List of the Universities you wish to teach** *(List in order of preference)* | **No** | **Faculty/Department** | | | **University** | | **Country** |
| **1.** |  | | |  | |  |
| **2.** |  | | |  | |  |
| **3.** |  | | |  | |  |
| **Approximate dates of proposed visit** | **Departure Date (when you leave our university):** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_  **Arrival Date (when you return our institution):** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **What is your purpose of visit?** |  | | | | | | |
| **Brief details of your planned visit:**  *Who are you planning to engage with?*  *What type of activities are you hoping to undertake?* |  | | | | | | |
| **What *specific* outcomes are you anticipating/aiming to deliver or achieve?** |  | | | | | | |
| **Briefly describe how your teaching assignment will contribute to the extension or consolidation of links between the institutions** |  | | | | | | |
| **Level of Students to be taught** | Short cycle (EQF level 5)  Bachelor (EQF level 6)  Master (EQF level 7)  Doctoral (EQF level 8) | | | | | | |
| **Number of Teaching Hours** (Minimum 8 hours) | \_\_\_\_\_\_\_\_\_ hours \_\_\_\_\_\_\_\_\_ days | | | | | | |

1. **Applicant’s Signature :**

**Date of Application :**