

**FORMULARZ ZGŁOSZENIOWY DLA KANDYDATÓW**

**NA ZAGRANICZNY WYJAZD SZKOLENIOWY ERASMUS+**

1. Imię i nazwisko kandydata:
2. PESEL:
3. Adres:
4. Telefon:
5. E-mail:
6. Deklaruję poziom znajomości języków obcych: (B1, B2, C1 itd.)

|  |  |
| --- | --- |
| j. angielski |  |
|  |  |

1. Lista instytucji (wg kolejności preferowanej przez kandydata):

|  |  |  |  |
| --- | --- | --- | --- |
| INSTYTUCJA | KRAJ | Semestr  (zimowy/ letni) | Przewidywany okres pobytu |
| 1. |  |  |  |
| 2. |  |  |  |

1. Czy korzystał już Pan/ Pani z możliwości wyjazdu zagranicznego w ramach programu ERASMUS+?

TAK 🞎 Ile razy?

NIE 🞎

9. Proszę krótko opisać oczekiwane rezultaty i korzyści dla pracownika oraz uczelni macierzystej wynikające z realizacji wyjazdu.

Katowice, dnia ................................... .. .....................................  
 (podpis kandydata)

**Mobility Agreement**

**Staff Mobility For Training**

Planned period of the training activity: from *[day/month/year]* till *[day/month/year]*

Duration (days) – excluding travel days:

|  |  |  |  |
| --- | --- | --- | --- |
| Last name (s) |  | First name (s) |  |
| Seniority |  | Nationality |  |
| Gender [*Male/Female/Undefined*] |  | Academic year |  |
| E-mail |  | | |

**The Sending Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | **Academy of Fine Arts**  **And Design in Katowice** | Faculty/Department |  |
| Erasmus code  (if applicable) |  |
| Address | **ul. Raciborska 37**  **40-074 Katowice** | Country/ Country code | **Poland** |
| Contact person  name and position |  | Contact person e-mail / phone |  |

**The Receiving Institution / Enterprise**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Erasmus code  (if applicable) |  | Faculty/Department |  |
| Address |  | Country/ Country code |  |
| Contact person, name and position |  | Contact person e-mail / phone |  |
|  |  | Size of enterprise  (if applicable) | <250 employees  >250 employees |

#### For guidelines, please look at the end notes on page 3.

#### Section to be completed BEFORE THE MOBILITY

#### I. PROPOSED MOBILITY PROGRAMME

Language of training: English

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| --- |
| **Overall objectives of the mobility:** |
| **Training activity to develop pedagogical and/or curriculum design skills: Yes ☐ No ☐** |
| **Added value of the mobility (in the context of the modernisation and internationalisation strategies of the institutions involved):** |
| **Activities to be carried out:** |
| **Expected outcomes and impact (e.g. on the professional development of the staff member and on both institutions):** |

**II. COMMITMENT OF THE THREE PARTIES**

By signing this document, the staff member, the sending institution and the receiving institution/enterprise 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 staff member.

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

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

|  |
| --- |
| **The staff member**  Name:  Signature: Date: |

|  |
| --- |
| **The sending institution**  Name of the responsible person:  Signature: Date: |

|  |
| --- |
| **The receiving institution/enterprise**  Name of the responsible person:  Signature: Date: |

**Wniosek o udzielenie urlopu ...........................................................................**

**w związku z wyjazdem za granicę**

1. Imię i Nazwisko ………………………………………………………………………………………….
2. Stanowisko ………………………………………………………………………………………………..
3. Jednostka organizacyjna ………………………………………………………………..
4. Kraj wyjazdu ……………………………………... Miejscowość ……………………………
5. Czas pobytu od …………………………………. do …………………………………………….
6. Cel i charakter wyjazdu……………………………………………………………………………
7. Przewidywany czas trwania wyjazdu ……………………………………………………………
8. Informacja o zastępstwie na czas urlopu ……………………………………………………….

………………………………

(podpis pracownika Akademii)

1. Akceptacja bezpośredniego przełożonego (data, pieczęć i podpis):
2. Akceptacja Dziekana (data, pieczęć i podpis):
3. Decyzja Rektora/Kanclerza o udzieleniu wnioskowanego urlopu:

na czas od ………………………….. do ……………………………

data, pieczęć i podpis Rektora