



International
Exchange Office
Lublin University of Technology

INCOMING STAFF SESSION PARTNER COUNTRIES PROJECTS

TEACHING MOBILITY

Faculties:

Faculty of Environmental Engineering

Faculty of Management

Faculty of Fundamentals of Technology

Faculty Mechanical Engineering

Faculty of Electrical Engineering and Computer Science

Faculty of Civil Engineering and Architecture

Possible minor mobilities in Language Centre – **only English language**

▶ Selecting subjects – ECTS Catalogue <http://bwm.pollub.pl/ects.en>

TEACHING MOBILITY FORM

STAFF MOBILITY FOR TEACHING MOBILITY AGREEMENT

Planned period of the teaching activity:

from *[day/month/year]* till *[day/month/year]* – **ALWAYS DATES FROM MONDAY TO FRIDAY**

Duration (days) – excluding travel days: **5 days ALWAYS 5 DAYS (NEVER MORE OR LESS, PROJECT REQUIREMENTS)**

Please suggest dates according to our academic calendar <http://bwm.pollub.pl/en.erasmus.ac.en>

TEACHING MOBILITY FORM

The teaching staff member

Last name (s)		First name (s)	
Seniority ¹		Nationality ²	
Sex [M/F]		Academic year	20../20..
E-mail			

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.

TEACHING MOBILITY FORM

The Sending Institution/Enterprise¹

¹ All references to "**enterprise**" are only applicable to mobility for staff between Programme Countries or within Capacity Building projects.

Name	UNIVERSITY NAME FROM YOUR COUNTRY		
Erasmus code (if applicable)	N/A	Faculty/ Department	NAME OF TEACHER'S FACULTY
Address	UNIVERSITY ADDRESS	Country/ Country code	Please select according to the link - https://en.wikipedia.org/wiki/ISO_3166-1
Contact person name and position		Contact person e-mail / phone	
Type of enterprise: NACE code (if applicable)	N/A	Size of enterprise (if applicable)	<input type="checkbox"/> <250 employees <input type="checkbox"/> >250 employees

TEACHING MOBILITY FORM

The Receiving Institution

Name	Lublin University of Technology	Faculty/ Department	
Erasmus code (if applicable)	PL LUBLIN03		
Address	Ul. Nadbystrzycka 42A 20-618 Lublin	Country/ Country code	PL, Poland
Contact person name and position	Małgorzata Wilczyńska IE Officer	Contact person e-mail / phone	m.wilczynska@pollub.pl +48 81 5384357

TEACHING MOBILITY FORM

Section to be completed BEFORE THE MOBILITY

I. PROPOSED MOBILITY PROGRAMME

Main subject field¹:

Level (select the main one): Short cycle (EQF level 5) ; Bachelor or equivalent first cycle (EQF level 6) ; Master or equivalent second cycle (EQF level 7) ; Doctoral or equivalent third cycle (EQF level 8)

Number of students at the receiving institution benefiting from the teaching programme:
30

Number of teaching hours: 8

Language of instruction: English

¹ 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.

MAIN SUBJECT FIELD

- ▶ Please enter subject field according to ISCED

http://ec.europa.eu/education/tools/isced-f_en.htm

TEACHING MOBILITY FORM

Overall objectives of the mobility:

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

Content of the teaching programme (2-hour blocks of lectures):

Expected outcomes and impact (e.g. on the professional development of the teaching staff member and on the competences of students at both institutions):

SIGNATURES



II. COMMITMENT OF THE THREE PARTIES

By signing¹ 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 sending 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.

The teaching staff member

Name:

Signature:

Date:

The sending institution/enterprise

Name of the responsible person:

Signature:

Date:

The receiving institution

Name of the responsible person:

Signature:

Date:

¹ Circulating papers with original signatures is not compulsory. Scanned copies of signatures or electronic signatures may be accepted, depending on the national legislation of the country of the sending institution (in the case of mobility with Partner Countries: the national legislation of the Programme Country).

TRAINING MOBILITY FORM

NEXT STAFF TRAINING WEEK WILL BE HELD ON 3-7 APRIL 2017!

STAFF MOBILITY FOR TRAINING MOBILITY AGREEMENT

Planned period of the teaching activity:

from *[day/month/year]* till *[day/month/year]* – **ALWAYS DATES FROM MONDAY TO FRIDAY**

Duration (days) – excluding travel days: **5 days ALWAYS 5 DAYS (NEVER MORE OR LESS, PROJECT REQUIREMENTS)**

TRAINING MOBILITY FORM

The Sending Institution

Name	UNIVERSITY NAME	Faculty/Department	WHAT
Erasmus code ¹ (if applicable)	N/A		DEPARTMENT?
Address	UNIVERSITY ADDRESS	Country/ Country code ²	
Contact person name and position		Contact person e-mail / phone	

¹ **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.

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

TRAINING MOBILITY FORM

The Receiving Institution / Enterprise¹

Name	Lublin University of Technology		
Erasmus code (if applicable)	PL LUBLIN03	Faculty/ Department	
Address	Ul. Nadbystrzycka 42A 20-618 Lublin	Country/ Country code	PL, Poland
Contact person, name and position	Małgorzata Wilczyńska IE Officer	Contact person e-mail / phone	m.wilczynska@pollub.pl +48 81 5384357
Type of enterprise: NACE code ² (if applicable)	85.4 Higher Education	Size of enterprise (if applicable)	<input type="checkbox"/> <250 employees <input type="checkbox"/> >250 employees

¹ All references to "**enterprise**" are only applicable to mobility for staff between Programme Countries or within Capacity Building projects.

² The top-level NACE sector codes are available at http://ec.europa.eu/eurostat/ramon/nomenclatures/index.cfm?TargetUrl=LST_NOM_DTL&StrNom=NACE_R_EV2&StrLanguageCode=EN

TRAINING MOBILITY FORM

Section to be completed BEFORE THE MOBILITY

I. PROPOSED MOBILITY PROGRAMME

Language of training: English

Overall objectives of the mobility:
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):

- ▶ 3-7 April 2017– third Staff Training Week
- ▶ Content of the programme – suggested by the receiving institution.

TRAINING MOBILITY FORM



II. COMMITMENT OF THE THREE PARTIES

By signing¹ 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 sending 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/enterprise	
Name of the responsible person:	
Signature:	Date:
The receiving institution	
Name of the responsible person:	
Signature:	Date:

¹ Circulating papers with original signatures is not compulsory. Scanned copies of signatures or electronic signatures may be accepted, depending on the national legislation of the country of the sending institution (in the case of mobility with Partner Countries: the national legislation of the Programme Country).

APPLICATION FORMS - LINKS

Online Application Form – Teaching Staff

<http://www.bwm.pollub.pl/appform%20teaching%20staff.en>

Online Application Form – Non-Teaching Staff

<http://www.bwm.pollub.pl/Application%20Form%20Non-teaching.en>

Staff Mobility Agreement Teaching/Training - download

<http://www.bwm.pollub.pl/PartnerIncomingStaff.en>

APPLICATION FORMS

- About us
- Campus news
- Erasmus+ →
- Bilateral agreements →
- FSS Programme →
- Erasmus Mundus →
- Eastern European University →
- Full degree studies
- Gallery
- Practical Information →
- Evaluation**
 - Evaluation form - studies
 - Evaluation form - placement

» Home Page» Erasmus+» Erasmus Programme Countries » Exchange Staff» Application Form- Teaching Staff



Application Form- Teaching Staff

Application Form for Teaching Staff

How to register at Lublin University of Technology? (LUT)

Step 1. Cookies

Check that your web browser can accept cookies. Otherwise the application will not work properly.

Step 2. Registration

Click "Sign up now" button. Fill in your working e-mail address. Press the "OK" button. After a while check your mailbox for a new message with your login and password.

If you have obtained no message with your login and password within a reasonable time (say 20 minutes), send an email to the author of the application.

Step 3. Login

Fill in your login and password. Press the "Login" button. Login name and password validation will follow.

Step 4. Application form

Fields with an asterisk* are obligatory.

Step 5. Send

Check carefully that everything has been filled in properly. Press the "Send" button. Your application is automatically sent to the database of LUT's International Exchange Office. You also get an e-mail with your PDF Application Form attached, together with further instructions.

LOGIN

Login:

Password:

Login

Forgot your password?
Not a member? Sign up now!



MOBILITY DATES

Teaching mobility

- ▶ Academic Calendar <http://bwm.pollub.pl/en.erasmus.ac.en>
- ▶ Take into account – Christmas and Easter breaks and other holiday;

Training mobility – next possible date 3-7 April 2017.

ACCEPTANCE PROCEDURE

After being qualified at your University to come to LUT:

- ▶ Complete necessary documents – Application Form and Staff Mobility for Training/Teaching Mobility Agreement;
- ▶ Send to International Exchange Office – via email (scans are sufficient) m.wilczynska@pollub.pl;
- ▶ Wait for Invitation Letter;
- ▶ Wait for Financial Agreement via email (Polish and English version) – then print, sign and send via regular post (originals needed at LUT);
- ▶ Book a flight ticket and a hotel;
- ▶ Wait for mobility time and Welcome at LUT!

PRACTICAL INFO

- ▶ DO NOT BUY FLIGHT TICKETS OR DO NOT BOOK A HOTEL BEFORE YOU GET ANY INVITATION LETTER!
- ▶ REMEMBER TO CONFIRM IF STAFF IS COMING TO LUT AROUND A WEEK BEFORE MOBILITY!
- ▶ AVOID EUROPEAN UNION DOUBLE FUNDING – BE CAREFULL! ERASMUS PARTICIPANTS **CANNOT** HAVE DOUBLE FUNDING WITHIN ERASMUS PLUS OR ANY EUROPEAN UNION FUNDS!

QUALIFYING COMMITTEE IN SENDING INSTITUTION

MUST SELECT CANDIDATES AND SHARE THEIR DETAILS WITH Mrs Małgorzata Wilczyńska, MA :

m.wilczynska@pollub.pl

Phone: +48 81 538 43 57, fax +48 81 538 47 92

1. THE PROTOCOL OF RECRUTMENT (Minutes)
2. LIST OF PRESELECTED CANDIDATES
3. RESERVE LIST IN CASE OF UNFORSEEN CHANGES

SCHOLARSHIP RATES

Country	Name of the University	Daily individual support	Lump sum -travel expenses	Total support for 7 days
Algeria	University of Tlemcen	140 EUR	360 EUR	1340 EUR
	Ibn Tofail University			
Morocco	University Moulay Ismaïl			
	Abdelmalek Essaâdi University			
Tunisia	University of Sfax			
	University of Gabès			
Lebanon	Modern University for Business and Science		275 EUR	1255 EUR
	Beirut Arab University			
Russian Federation	Penza State University			
	Peoples' Friendship University of Russia Voronezh State University			
Kosovo	University of Pristina	140 EUR	1100 EUR	2080 EUR
Cambodia	Royal University of Phonm Phen			
Honduras	Universidad Pedagógica Nacional Francisco Morazán			
Indonesia	University of Muhammadiyah Malang			
Kazakstan	D. Serikbayev East Kazakh State Technical University	820 EUR	1800 EUR	