

## APPLICATION FORM

### Erasmus+ Mobility Program – TEACHING and TRAINING MOBILITY IN ACADEMIC YEAR \_\_\_\_/\_\_\_\_

Type of mobility:

**TEACHING MOBILITY**  
(part B1)

**TRAINING MOBILITY**  
(part B2)

A. PERSONAL DETAILS:			
First name		Last name	
Home address		Title	
Mobile phone		E-mail address	
WSB University Unit/Department/Office		Position	
Seniority*:			

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

B1. TEACHING MOBILITY <i>(to be filled in only if applicable):</i>	
Subject area taught at home institution:	
Course(s) name taught at home institution:	
Planned topic taught at host institution:	
Number of lectures to be taught at host institution (min.8 hours	
Proposed host Institution:	
Dates of proposed mobility:	from / / to / /
Have you already participated in Erasmus Staff Mobility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Overall objective of the mobility:	
Added value of the mobility (in the context of the modernisation and internationalisation strategies of the institutions involved:	
Expected outcomes and impact (e.g. on the professional development of the teaching staff member and on the competences of students at both institutions):	

**B2. TRAINING MOBILITY** *(to be filled in only if applicable):*

Topic of training:	
Receiving institution:	
Dates of proposed mobility:	from / / to / /
Have you already participated in Erasmus Staff Mobility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Overall objective of the mobility:	
Added value of the mobility (in the context of the modernisation and internationalisation strategies of the institutions involved):	
Expected outcomes and impact (e.g. on the professional development of staff member and on both institutions):	
Activities to be carried out:	

*The new General Data Protection Regulation (EU 2016/679) requires that in order for us to keep offering our services to you we need to have your consent first. If you decide to continue to use WSB University services, we will assume that you have become acquainted about and agree with the processing of your personal data by our company. In case you no longer wish to be considered as a potential candidate by us, you may contact us at [info@wsb.edu.pl](mailto:info@wsb.edu.pl) and request that we delete your application form from our database.*

*I have read the terms and conditions of ERASMUS + programme and accept them.*

\_\_\_\_\_  
*Place and date*

\_\_\_\_\_  
*Signature*