**ANEXO IV - Erasmus+ Mobility Application**

**Staff Teaching**

 **2021/2022**

|  |  |
| --- | --- |
| **Surname** |  |
| **First name(s)**  |  |
| **Title**  |  |
| **University employment status** | Full-time  | Yes/No |
| Part-time  | Yes/No if PT please state % fte |

**Mobility Abroad**

|  |
| --- |
| **Activity dates** |
| **Start date (DD/MM/YYYY)\*** | **End date** **(DD/MM/YYYY)\*** |
|  |  |
| **Travel dates** |
| **Out** **(DD/MM/YYYY)\*** | **Return** **(DD/MM/YYYY)\*** |
|  |  |

**\*Dates have to be exact as this determines your grant funding**

**Partner Institution**

|  |  |
| --- | --- |
| **Name** | Universidade Estadual do Oeste do Paraná - Unioeste |
| **Erasmus Code** | 947169984 |
| **Country**  | Brazil |

**Mobility details**

|  |  |
| --- | --- |
| **Host subject area** |  |
| **Teaching level*****(please tick)*** | Undergraduate |  |
| Postgraduate |  |
| PhD |  |
| **Language of teaching** |  |
| **Hours of teaching** |  |
| **Main motivations *(please tick)*** |
| To contribute to the institutional and internationalisation strategy |  |
| To experiment and develop new learning practices or teaching methods |  |
| To share my own knowledge and skills with students and/or other persons  |  |
| To create spin-off effects like curriculum development, development of joint courses or modules, academic networks, research collaboration etc. |  |
| To acquire knowledge and specific know-how from good practice abroad |  |
| To develop my own competences in my field and increase the relevance of my teaching |  |
| To increase knowledge of social, linguistic and/or cultural matters |  |
| To gain practical skills relevant for my current job and professional development |  |
| To build up new contacts/expand my professional network |  |
| To reinforce the cooperation with a partner institution |  |
| To build up cooperation with the labour market |  |
| To share my own knowledge and skills with students |  |
| To increase the quality and quantity of student and staff mobility to and from my sending institution |  |
| To increase my future employment and career opportunities |  |
| To improve my foreign language skills |  |
| To improve services offered by my sending institution |  |
| Other |  |

**Previous participation**

|  |  |
| --- | --- |
| **Have you previously participated in an Erasmus+ mobility?** | Yes / No |

**Personal Details**

|  |  |
| --- | --- |
| **Address** |  |
| **Faculty** |  |
| **School**  |  |
| **Gender** |  |
| **Nationality** |  |
| **Seniority*****(Please tick)*** | **Junior** (less than 10 years’ experience) |  |
| **Intermediate** (between 10-20 years) |  |
| **Senior****(over** 20 years) |  |
| **Email** |  |
| **Telephone** |  |
| **Do you have any special needs?** |  |

**Personal Statement (Max Word Count: 250 Per Section)**

|  |
| --- |
| **Please list your expertise/professional focus that will contribute towards the development of staff, students and/or the host institution?** |

|  |
| --- |
| **Please outline the teaching you will be delivering during your time at the host institution.**  |

**Staff declaration**

I declare that the information supplied is correct, to the best of my knowledge.

If requirements are not fulfilled and participation is withdrawn, I understand grant funding will be returned to the International Office.

I commit to disseminating the results of this mobility.

|  |  |
| --- | --- |
| **Signed** |  |
| **Date** |  |

**Declaration of LINE MANAGER**

I confirm that I have read the information provided and that the information supplied is correct to the best of my knowledge. I also confirm that this application has my support.

|  |  |
| --- | --- |
| **Name (PRINT)** | Rafael Mattiello |
| **Signed** |  |
| **Date** |  |

#### **Please forward this form to your Faculty Mobility administrator**