**ANEXO I - Formulário de Inscrição – Docentes**

Para participação no Programa Erasmus+, a ser realizado no escopo do convênio entre a Unioeste e a Ondokuz Mayıs University, Turquia, dentro do período acadêmico de 2024, preencha as tabelas abaixo:

|  |  |
| --- | --- |
| **Dados Pessoais** |  |
| Nome completo: |  |
| Passaporte: |  |
| Número do RG: |  |
| Número do CPF: |  |
| Número do Celular: |  |
| E-mail: |  |

|  |  |
| --- | --- |
| **Dados Profissionais** |  |
| Nome do Cursos ou dos Programas de Pós-Graduação em que atua: |  |
| Campus: |  |
| Formação: |  |
| Link para o Currículo Lattes: |  |
| Número do Identificador Orcid: |  |

**ANEXO II – Formulário OMU**

|  |  |
| --- | --- |
| **CRITÉRIO** | **PONTUAÇÃO** |
| **Nível de Inglês** | **75-80 (+5) 81-90 (+10) 91-100 (+15)** |
| **Primeira Experiência Erasmus** | **+40** |
| **Funcionário com Deficiência** | **+10** |
| **Experiência anterior com Erasmus** | **-10 (por mobilidade)** |
| **Mobilidade para o país de cidadania** | **-10** |
| **TOTAL** (máximo 65 pontos) |  |

**ANEXO III –** **Formulário de Formação Acadêmica e Cargo**

|  |  |
| --- | --- |
| **QUADRO 1 – FORMAÇÃO ACADÊMICA/TITULAÇÃO**  |  |
| **É pontuada somente a maior titulação e apenas uma vez**  | **Limite:** **20 pontos**  | **Pontos** |
| 1.1 Produtividade CNPQ | 30 pontos |  |
| 1.2 Pós-Doutorado | 20 pontos |  |
| 1.3 Doutorado | 15 pontos  |   |
| 1.4 Mestrado | 10 pontos  |   |
| 1.5 Especialização | 08 pontos  |   |
| 1.6 Graduação | 05 pontos  |   |
| **TOTAL** (máximo 30 pontos)  |   |

|  |  |
| --- | --- |
| **QUADRO 2 – CARGO** |  |
| **É pontuada somente o maior nível hierárquico e apenas uma vez**  | **Limite:** **20 pontos**  | **Pontos** |
| 1.1 Reitor ou Vice-Reitor | 30 pontos |  |
| 1.2 Pró-reitores, Diretores de Campus, ou Diretores de Pró-reitorias | 20 pontos |  |
| 1.3 Diretor de Centro | 15 pontos  |   |
| 1.4 Coordenador de Colegiado | 10 pontos  |   |
| **TOTAL** (máximo 30 pontos)  |   |

|  |  |
| --- | --- |
| **NOTA FINAL DA AVALIAÇÃO DO CURRÍCULO**  |  |
| Soma dos Quadros 1, 2, 3, 4  | Total de pontos =  |   |
| Total dividido por 10  | **Nota final =**  |   |

 **ANEXO III – WORK PLAN PROFESSORS**

**Program ERASMUS + Staff Mobility**
**ORIGIN UNIVERSITY:** Western Paraná State University

**DESTINATION UNIVERSITY:** Ondokuz Mayıs University

**Center or Faculty where you will develop your activities:**

|  |  |
| --- | --- |
| **Personal Data:** |  |
| **Name:** |  |
| **Telephone Number:** |  |
| **E-mail:** |  |
| **Name of Unioeste Course or Program:** |  |

|  |  |
| --- | --- |
| **Activities to Perform** |  |
| **Type of activity (classes, lectures, research, seminars)** |  |
| **Description of Activities to be carried out at Ondokuz Mayıs University:** |  |

|  |
| --- |
| **Professor Commitment** |
| **I, (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ undertake to carry out the activities described in this form and to prepare a report at the end of the activities.**Professor Name and SignatureDate: |

 **ANEXO IV - Erasmus+ Mobility Application - Teaching**

**Academic Year: 2024**

|  |  |
| --- | --- |
| **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