



## APPLICATION FORM/STAFF MOBILITY AGREEMENT, WITHIN EU/EUROPE

## 1. Personal and professional information

First name				
Family name				
Seniority	Junior (<10 years) Intermediate (10-20 years) Senior (>20	years)		
Nationality				
Sex (M/F/Undefined)				
Academic Year of Mobility				
Telephone number				
E-mail				
Department/Office at UU				
Name and email address of Financial Administrator at department				
Γ <sub>-</sub>	F			
Sending institution	Uppsala University			
Erasmus code	S UPPSALA01			
Address	Box 256, 751 05 Uppsala			
Country	Sweden			
Type of enterprise	Higher Education			
Size of enterprise	More than 250 employees			
Main work tasks at current	position. Please be specific, describe a normal day or week for y	ou.		
Professional fields of interest				
Do you require special needs support? If yes, please specify				





2. Details of the mobility period abroad

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Host university/organisation			
(Name, Faculty/Department +			
Erasmus code if applicable)			
City, Country + Address			
<i></i>			
Contact person at host university/			
organisation, name and position			
Type and size of enterprise			
Type and size of enterprise	<250 employees	>250 employees	
Contact person's e-mail / phone	12.2	, , , , , , , , , , , , , , , , , , ,	
Start date (YY-MM-DD)			
<u> </u>			
Final date (YY-MM-DD)			
Travel days (if different from start			
and final date of the Staff Mobility)			
Number of days excluding travel			
Green travel (e.g. train, carpooling)	Yes	No	
Planned period of virtual component			
(YY-MM-DD to YY-MM-DD) (if applicable)			
Language used during mobility			
Is this the first time you participate			
in Erasmus Staff Training?			
Section below only to be filled	ed out for Staff Mob	ility for Teaching:	
Dates for teaching (minimum 2			
days)			
Number of teaching hours			
(minimum 4/8 hours per week) <sup>1</sup>			
Number of students benefiting from			
the teaching programme			
Level of teaching			
Main subject field <sup>2</sup>			
Language of instruction			

<sup>&</sup>lt;sup>1</sup> Minimum requirement of teaching 4 hours per week – if combining Staff Mobility for Teaching with Staff Mobility for Training, in order to improve/enhance the quality of teaching. Otherwise minimum 8 hours per week.

<sup>&</sup>lt;sup>2</sup> The code for the main subject can be found here: <a href="http://ec.europa.eu/education/tools/isced-f\_en.htm">http://ec.europa.eu/education/tools/isced-f\_en.htm</a>





Reasons the host university/host organisation was chosen for the exchange Overall objectives for your mobility period Content of the programme at host university/organisation (can be attached as an annex) Do you already have contacts at the host university/organisation? Alternatively, do you have knowledge of any ongoing collaboration with Uppsala University and the host university/organisation? Please specify: Expected outcomes, impact and added value (e.g. on your professional development and on home and host university, in the context of the modernization and internationalisation strategy)<sup>3</sup>

<sup>&</sup>lt;sup>3</sup> Information about Internationalisation at UU can be found: <a href="http://www.uu.se/en/about-uu/international/">http://www.uu.se/en/about-uu/international/</a>





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## 3. Commitment of the three parties

By signing<sup>4</sup> this document, the staff member, the sending institution 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 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, the sending institution and the receiving institution commit to the requirements set out in the grant agreement signed between them.

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

Applicant signature				
Name	Signature			
Date				
Head of department/unit at Uppsala University				
Name	Signature			
Nume	Signature			
Date				
Signature of Host university/organisation				
, and the second				
Name	Signature			
Date				

<sup>&</sup>lt;sup>4</sup> Scanned copies of signatures are accepted.