Załącznik nr 2 do Zarządzenia Rektora nr 85/2020



**FORMULARZ ZGŁOSZENIOWY DLA KANDYDATÓW**

**NA ZAGRANICZNY WYJAZD W CELU PROWADZENIA ZAJĘĆ   
ERASMUS+**

1. Imię i nazwisko kandydata: ..................................................................................
2. PESEL: ....................................................................................................
3. Adres: ..........................................................................................................
4. Telefon: .........................................................................................................
5. E-mail: ..................................................................................................
6. Deklaruję poziom znajomości języków obcych: (B1, B2, C1 itd.)

|  |  |
| --- | --- |
|  |  |
|  |  |

1. Lista uczelni partnerskich (wg kolejności preferowanej przez kandydata):

|  |  |  |  |
| --- | --- | --- | --- |
| UCZELNIA | KRAJ | Semestr  (zimowy/ letni) | Przewidywany okres pobytu |
|  |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

1. Czy korzystał Pan/ Pani z możliwości wyjazdu zagranicznego w ramach programu Erasmus+ w ciągu ostatnich 5 lat?

TAK Ile razy? .....................

X

NIE

1. Proszę opisać program nauczania, oczekiwane rezultaty i korzyści dla pracownika oraz uczelni macierzystej wynikające z realizacji wyjazdu.

Katowice, dnia .................................... .....................................  
 (podpis kandydata)

Załącznik nr 3 do Zarządzenia Rektora nr 85/2020

**Mobility Agreement**

**Staff Mobility For Teaching[[1]](#footnote-1)**

Planned period of the teaching activity: from *[day/month/year]* till *[day/month/year]*

Duration (days) – excluding travel days: ………………….

**The teaching staff member**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name (s) |  | First name (s) |  |
| Seniority[[2]](#footnote-2) |  | Nationality[[3]](#footnote-3) |  |
| Gender [*Male/Female/Undefined*] |  | Academic year | 20../20.. |
| E-mail |  | | |

**The Sending Institution/Enterprise[[4]](#footnote-4)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Erasmus code[[5]](#footnote-5)  (if applicable) |  | Faculty/Department |  |
| Address |  | Country/ Country code[[6]](#footnote-6) |  |
| Contact person  name and position |  | Contact person  e-mail / phone |  |
|  |  | Size of enterprise  (if applicable) | <250 employees  >250 employees |

**The Receiving Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Faculty/Department |  |
| Erasmus code  (if applicable) |  |
| Address |  | Country/ Country code |  |
| Contact person name and position |  | Contact person e-mail / phone |  |

#### For guidelines, please look at the end notes on page 3.

**Section to be completed BEFORE THE MOBILITY**

#### I. PROPOSED MOBILITY PROGRAMME

Main subject field[[7]](#endnote-1): ………………….

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: ………………

Number of teaching hours[[8]](#endnote-2): …………………

Language of instruction: ………………………………………

|  |
| --- |
| **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:** |

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

**II. COMMITMENT OF THE THREE PARTIES**

By signing[[9]](#endnote-3) 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 beneficiary 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. Adaptations of this template:

   In case the mobility combines teaching and training activities, **this template** should be used and adjusted to fit both activity types.

   In the case of mobility between **Programme and Partner Country HEIs**, this agreement must be always signed by the staff member, the Programme Country HEI and the Partner Country HEI (three signatures in total).

   In the case of **invited staff from enterprises to teach in Partner Country HEIs**, this agreement must be signed by the participant, the Programme Country HEI as beneficiary; the Partner Country HEI receiving the staff member and the Programme Country enterprise (four signatures in total). An additional space will be added for signature of the Programme Country HEI organising the mobility.

   For **invited staff from enterprises to teach in Programme Country HEIs**, it will be sufficient with the signature of the staff member, the Programme Country HEI and the sending organisation (three signatures in total, same as in mobility between Programme Countries). [↑](#footnote-ref-1)
2. **Seniority:** Junior (approx. < 10 years of experience), Intermediate (approx. > 10 and < 20 years of experience) or Senior (approx. > 20 years of experience). [↑](#footnote-ref-2)
3. **Nationality:** Country to which the person belongs administratively and that issues the ID card and/or passport. [↑](#footnote-ref-3)
4. Any Programme or Partner Country enterprise or, more generally, any public or private organisation active in the labour market or in the fields of education, training and youth . [↑](#footnote-ref-4)
5. **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. [↑](#footnote-ref-5)
6. **Country code**: ISO 3166-2 country codes available at: <https://www.iso.org/obp/ui/#search>. [↑](#footnote-ref-6)
7. 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. [↑](#endnote-ref-1)
8. A minimum of 8 teaching hours per week (or any shorter period of stay) has to be respected. If the mobility lasts longer than one week, the minimum number of teaching hours for an incomplete week shall be proportional to the duration of that week. If the teaching activity is combined with a training activity during a single period abroad, the minimum is reduced to 4 teaching hours per week (or any shorter period of stay). There is no minimum number of teaching hours for invited staff from enterprises. [↑](#endnote-ref-2)
9. 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). Certificates of attendance can be provided electronically or through any other means accessible to the staff member and the sending institution.

   **FORMULARZ ZGŁOSZENIOWY DLA KANDYDATÓW**

   **NA ZAGRANICZNY WYJAZD W CELU PROWADZENIA ZAJĘĆ   
   ERASMUS+**

   1. Imię i nazwisko kandydata: ........Krystyna Hat....................................................................................
   2. PESEL: 62022707707............................................................................................
   3. Adres: ul. Jagodowa 11 Katowice..............................................................................................
   4. Telefon: 609501534..............................................................................................................
   5. E-mail: [krystyna.hat@asp.katowice.pl](mailto:krystyna.hat@asp.katowice.pl)
   6. Katedra: ZTiHS ......................................................................................................
   7. Specjalność: j.angielski.....................................................................................................
   8. Deklaruję poziom znajomości języków obcych: (B1, B2, C1 itd.)

   |  |  |
   | --- | --- |
   | j. angielski | C2 |
   | j.rosyjski | B1 |
   | j. francuski | A2 |

   1. Lista uczelni partnerskich (wg kolejności preferowanej przez kandydata):

   |  |  |  |  |
   | --- | --- | --- | --- |
   | UCZELNIA | KRAJ | Semestr  (zimowy/ letni) | Przewidywany okres pobytu |
   | 1. **Université Savoie Mont Blanc** Summer Modules in Intercultural and Language Education (SMILE) event | FRANCJA | letni | 20-25.06.2022 |
   | 2. |  |  |  |

   1. Czy korzystał już Pan/ Pani z możliwości wyjazdu zagranicznego w ramach programu ERASMUS?

   TAK ☑ Ile razy? 1 raz

   NIE 🞎

   1. Proszę opisać program nauczania, oczekiwane rezultaty i korzyści dla pracownika oraz uczelni macierzystej wynikające z realizacji wyjazdu.

   Katowice, dnia 23.03.2022 r. Krystyna Hat ................................  
    (podpis kandydata)

   Załącznik nr 5 do Zarządzenia Rektora nr 85/2020

   **Mobility Agreement**

   **Staff Mobility For Training**

   Planned period of the training activity: from *[day/month/year]* till *[day/month/year]*

   Duration (days) – excluding travel days: ………………….

   **The Staff Member**

   |  |  |  |  |
   | --- | --- | --- | --- |
   | Last name (s) |  | First name (s) |  |
   | Seniority |  | Nationality |  |
   | Gender [*Male/Female/Undefined*] |  | Academic year | 20../20.. |
   | E-mail |  | | |

   **The Sending Institution**

   |  |  |  |  |
   | --- | --- | --- | --- |
   | Name |  | Faculty/Department |  |
   | Erasmus code  (if applicable) |  |
   | Address |  | Country/ Country code |  |
   | Contact person  name and position |  | Contact person e-mail / phone |  |

   **The Receiving Institution / Enterprise**

   |  |  |  |  |
   | --- | --- | --- | --- |
   | Name |  | | |
   | Erasmus code  (if applicable) |  | Faculty/Department |  |
   | Address |  | Country/ Country code |  |
   | Contact person, name and position |  | Contact person e-mail / phone |  |
   |  |  | Size of enterprise  (if applicable) | <250 employees  >250 employees |

   #### For guidelines, please look at the end notes on page 3.

   #### Section to be completed BEFORE THE MOBILITY

   #### I. PROPOSED MOBILITY PROGRAMME

   Language of training: ………………………………………

   |  |
   | --- |
   | **Overall objectives of the mobility:** |
   | **Training activity to develop pedagogical and/or curriculum design skills: Yes ☐ No ☐** |
   | **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):** |

   **II. COMMITMENT OF THE THREE PARTIES**

   By signing 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 beneficiary 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**  Name of the responsible person:  Signature: Date: |

   |  |
   | --- |
   | **The receiving institution/enterprise**  Name of the responsible person:  Signature: Date: |

   Załącznik nr 6 do Zarządzenia Rektora nr 85/2020

   **Wniosek o udzielenie urlopu ...........................................................................**

   **w związku z wyjazdem za granicę**

   1. Imię i Nazwisko ………………………………………………………………………………………….
   2. Stanowisko ………………………………………………………………………………………………..
   3. Jednostka organizacyjna ………………………………………………………………..
   4. Kraj wyjazdu ……………………………………... Miejscowość ……………………………
   5. Czas pobytu od …………………………………. do …………………………………………….
   6. Cel i charakter wyjazdu……………………………………………………………………………
   7. Przewidywany czas trwania wyjazdu ……………………………………………………………
   8. Informacja o zastępstwie na czas urlopu ……………………………………………………….

   ………………………………

   (podpis pracownika Akademii)

   1. Akceptacja bezpośredniego przełożonego (data, pieczęć i podpis):
   2. Akceptacja Dziekana (data, pieczęć i podpis):
   3. Decyzja Rektora/Kanclerza o udzieleniu wnioskowanego urlopu:

   na czas od ………………………….. do ……………………………

   data, pieczęć i podpis Rektora [↑](#endnote-ref-3)