**ERASMUS APPLICATION FORM**

**ERASMUS STAFF MOBILITY – teaching assignment**

**FOR THE ACADEMIC YEAR 20\_\_/20\_\_**

**TEACHING PROGRAMME**

 (to be filled out by teaching staff who intend to apply for mobility with the intent teaching)

|  |  |
| --- | --- |
| Name and surname |  |
| Title  |  |
| Home Institution (Erasmus ID code) | Zdravstveno veleučilišteHR Zagreb04 |
| Contact person at home institution(head of department/unit or dean of the faculty) |  |
| Job/workplace title |  |
| Subject area of teaching |  |

|  |  |
| --- | --- |
| Host institution/department(Erasmus ID code) |  |
| Duration of mobility\*; no. of days (days spent on travel do not count) |  |
| Arrival date  |  | Departure date |  |
| Contact person at the host institution, title and function |  |

|  |  |
| --- | --- |
| Course/Department within which the classes/lectures will be held |  |
| Name of class/lecture  |  |
| Study level of teaching (bachelor/master/doctorate)  |  |
| Number of students at host institution benefiting from the teaching programme  |  |
| Number of teaching hours |  |
| Objective and purpose of class/lecture  |  |

|  |  |
| --- | --- |
| Content of the teaching programme |  |
| Planned activities during mobility |  |
| Added value of the mobility (both for the host institution and for the teacher) |  |
| Expected results (not limited to the number of students concerned) |  |
| Other |  |

*\*In choosing grant recipients, the correlation between the duration of stay at the foreign institution and the working and teaching load will be taken into account.*

|  |  |
| --- | --- |
| **TEACHER**Date……………………………………………………… | Signature …………………………………………. |

|  |  |
| --- | --- |
| Home institutionThis is to confirm that the proposed teaching programme is approved. | Host institutionThis is to confirm that the proposed teaching programme is approved. |
| NameDateSignature…………………………………………….Head of the Department | Name DateSignature……………………………………………….Head of the Department or Contact Person |
| Stamp | Stamp: |