**Erasmus+ Staff Training Mobility**

**TRAINING PROGRAMME**

Applicant is a member of (check one):

* Teaching staff
* Administrative and/or technical staff

|  |
| --- |
| Home Institution: **University of Niš**Country: **ATPPS**Erasmus code: **RS NIS02**Faculty, Department/Office/Unit: Applicant’s name and surname: Title, work place, function (if relevant): Subject area (for teaching staff only): Contact person at the faculty or department/office/unit level: Institutional Mobility Coordinator:  |

|  |
| --- |
| Host Institution: Country: Erasmus code: Faculty, Department/Office/Unit: Contact person at the faculty or department/office/unit level: Contact person at the institution level: Duration of mobility (only working days): Period of mobility (dates): Additional info ofrelevance (if any):  |

|  |
| --- |
| Field/Subject/Topic of training: Training will provide staff member with improved: ◻ Curriculum design skills ◻ Pedagogical skills ◻ Computer use skills ◻ Other professional skills (please specify) |
| Overall objectives of the mobility:  |
| Content of training programme: Training will include: ◻ Laboratory work ◻ Job shadowing ◻ Participation in Staff Week ◻ Workshop on (please add the topic) ◻ Other training activity (please specify)(add additional information if available) |
| Plan of activities during mobility (add/remove days as required)Day 1: Day 2: Day 3: Day 4: Day 5:  |
| Expected results and added value of mobility for the home institution:  |
| Expected results and added value of mobility for the staff member: |
| Notes (if any):  |

The signatories of this document confirm that the document is original and authentic, as well as that the above mobility programme has mutually been agreed. The final approval of mobility programme by the Host Institution is conditional on awarding the applicant with an Erasmus+ grant by the Home Institution.

**Date:** *dd/mm/*20xx

**Signature of the applicant:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of contact person at the Host Institution:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of responsible person and stamp of Host Institution:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**