**EDITAL N° 007/2021 - ERI/UNESPAR**

**ESCRITÓRIO DE RELAÇÕES INTERNACIONAIS**

**EDITAL DE SELEÇÃO INTERNA DE PARTICIPANTES PARA PROGRAMA DE MOBILIDADE ERASMUS+ EDIÇÃO 2021**

ANEXO III – PLANO DE TRABALHO DOCENTE

**Erasmus+ Mobility Application**

**Staff Teaching – 2021/2022**

|  |  |  |
| --- | --- | --- |
| **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 Paraná – UNESPAR |
| **Erasmus Code** | 924743681 |
| **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 and that additional funds for the mobility abroad will be granted if required.

|  |  |
| --- | --- |
| **Name (PRINT)** |  |
| **Signed** |  |
| **Date** |  |

#### **Please forward this form to your Faculty Mobility administrator**