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| **VK_logo** | **APPLICATION FOR ERASMUS+ TEACHING MOBILITY**  Academic Year: 20 /20 |  |

*Photo*

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| 1. **PERSONAL DATA**   Personal data is protected according to The General Data Protection Regulation (GDPR) (Regulation (EU) 2016/679). | | | |
| First Name | |  | |
| Last Name | |  | |
| Date of birth (day/month/year) | |  | |
| Tel. | |  | |
| E-mail: | |  | |
| Gender:  Female  Male  I don’t want to indicate | | | |
| *Address:* | Street, No | |  | |
| Postal Code, City |  | |

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| 1. **DETAILS OF YOUR WORK AT VILNIAUS KOLEGIJA** | |
| Faculty |  |
| Department |  |
| Position |  |
| Teaching area (ISCED No) |  |
| Brief teaching area description |  |
| Seniority |  |
| Planned teaching language |  |
| Knowledge of foreign language: | excellent  average  weak |
| Would it be your first Erasmus+ teaching visit? | Yes  No  If no, which? |

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| 1. **PREFERRED TEACHING PLAN** | | | |
| Period: | | Date from       Date to:      ,  Total       days | |
| Preferred topics (max 3): | |  | |
|  | |
|  | |
| Preferred institutions | | | |
| Priority No | Institution (see offer list of the current academic year) | | Country |
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| 1. **MOTIVATION** |
| *Your mobility aims and expected results* |
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| 1. **IF YOU HAVE BEEN TEACHING ABROAD** | | | | |
| No | Institution | Country | Dates from-to | Brief summary of the visit |
|  |  |  | – |  |
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| 1. **ADDITIONAL INFORMATION** |
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| 1. **DECLARATION** |
| *I hereby certify that I understand and agree to all of the above mentioned information given in this application is complete and accurate to the best of my knowledge.*  Place Date  First Name  Last Name  Signature |

***MUST BE COMPLETED BY THE INTERNATIONAL RELATIONS AND PROJECTS SERVICES***

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| **REGISTRATION OF THE APPLICATION** |
| Registration No. |
| Date: |
| Application received by:: |
| First Name: |
| Last Name: |
| Signature: |