**ERASMUS + TRAINING / TEACHING
(Please delete irrelevant mobility type)**

**Academic Staff / Administrative and Technical Staff**

**(Please delete irrelevant staff type)**

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| **Name: ............................................................................ ID Number:** ………………………….**Department: …………………………………………………………………………………………………………....****Phone: ………………………………****Email: …………………………………………………………………………………...****Receiving institution: (By Priority)**1. **................................................................ Country: .......................................**
2. **................................................................ Country: .......................................**

**Date of Mobility: from: ……………………………. To: ………………………………****Teaching Obligations At BGU at the time of the mobility ………………………….….………****………………………………………………………………………………………………………………….….……..****Arrangements for Substitute ……………………………………………………………………..…………** |

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| **Description of planned training/teaching: (Please delete irrelevant mobility type)** |

**Did you receive an Erasmus+ travel grant in the past? Yes / No**

**If yes:**

**Name of Institution……………………………………………………….. Country……………………………………….**

**Mobility dates: …………………………………………………….**

**Describe a short summary of the mobility:**

**What was the added value for BGU?**

**What do you plan to gain from the current mobility?**

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|  **Signature**: ......................................................... **Date**: ........................................................ |

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| **Approval of Supervisors or (for Academic staff members) Head of Department****Supervisor/ Head of Dept.: (attached recommendation Letter)****I recommend the participation in the Staff Training.****I confirm that the proposed training plan is approved and in accordance with the applicant’s field of work.** |
| **Name: ..........................................................** **Date: ...........................................................****Head of Faculty Administration/Head of Division or (for Academic staff members) Dean:****Name: ………………………………………****Date: ..............................................................** | **Signature: ………………………………….****Signature: .......................................................** |