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

**Academic Staff / Administrative and Technical Staff**

**(Please delete irrelevant staff type)**

|  |
| --- |
| **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 ……………………………………………………………………..…………** |

|  |
| --- |
| **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?**

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

|  |  |
| --- | --- |
| **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: .......................................................** |