DI
CORELLA
Escuela de Arte
y Superior de Diseño

Erasmus+

Nafarroako Gobernua **Gobierno de Navarra**
Hezkuntza Departamentua Departamento de Educación

STAFF MOBILITY APLICATION FOR TEACHING/TRAINING
SOLICITUD DE PARTICIPACIÓN PARA EL PROFESORADO

1- Applicant Contact details/ THE TRAINEE	
Title	
First Name/ Last Name	
Email / telephone	
Subject/ Department	
School (s) / Service	
Contact person [1]name / position	
Contact person e-mail / phone	
Seniority	☐ Junior/<10 years experience ☐ Intermediate/10-20 years experience ☐ Senior/20+ years experience
Previous Erasmus Staff Mobility	☐ HAVE ☐ HAVE NOT EVER participated in an Erasmus Staff Mobility exchange If yes, please detail when and where: ………………………………………………………………………..
Additional support Do you require additional support for a disability?	☐ YES ☐ NO ☐ If you wish to apply for supplementary funding for staff with disabilities please tick here and we will contact you directly to follow up.

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[1] **Contact person**: a person who can provide administrative information within the framework of Erasmus traineeships.

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2- Staff Mobility Activity Information	
Type of requested activity – mark an 'X'	☐ Staff teaching exchange (also complete section 3a) ☐ Staff training mobility (also complete section 3b)
Name of host university /organisation	
Mentor ² name / position	
Mentor e-mail / phone	
Country	
Erasmus Code of host (if applicable)	
Estimated travel distance (km) from CORELLA to host. http://ec.europa.eu/programmes/erasmus-plus/tools/distance_en.htm	
Language of teaching/ training	
Dates of proposed exchange (actual teaching/ training days only) (dd/mm/yy)	From: To:
Total number of teaching/ training days	
Total planned teaching/ training hours	
Legal Status	☐ PUBLIC ☐ PRIVATE
Additional travel days (please tick)	☐ Additional day for travel needed directly before the first day of the activity abroad ☐ Additional day for travel needed directly following the last day of the activity abroad

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² **Mentor**: the role of the mentor is to provide support, encouragement and information to the trainee on the life and experience relative to the enterprise (culture of the enterprise, informal codes and conducts, etc.). Normally, the mentor should be a different person than the supervisor.
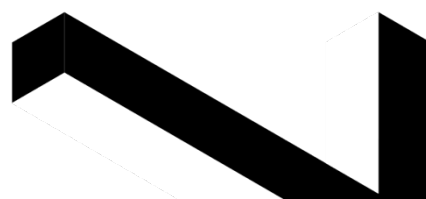
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3.a Staff Teaching Mobility Specific Information

Proposed teaching topic/ title	
Host University Department	
Level of students you will be teaching	☐ Undergraduate ☐ Masters ☐ Doctoral
Subject teaching area (using ISCED codes, see: **(reference table below)**	Code:

3.b Staff Training Mobility Specific Information

Type of training	☐ Workshop/ course ☐ Job shadowing ☐ Staff Training Week ☐ Other Please specify ……………………………
Size of host	☐ ≤50 staff ☐ 51-250 staff ☐ 251+ staff
Type of host (select appropriate economic sector codes from: (last pages in this document)	
Full address of host organisation (if not a partner university)	

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Escuela de Arte DI CORELLA

Aims and objectives	
Overall objectives of the mobility	1. 2. 3.
Added value of the mobility (both for the institutions involved and for the teacher):	
Provisional content of the teaching/ training programme	
Expected outcomes and impact (not limited to the number of students concerned)	

College support and terms of application	
Applicant Agreement	By participating in Erasmus+ Staff mobility I agree: • To complete all required paperwork and final report • To disseminate information about my experiences afterwards • To share info on partner university with colleagues • If applicable, meet with students (from any subject area) who are on exchange at the university • If applicable, meet with and answer queries from prospective future Erasmus applicants from host university • Erasmus grant funds are a contribution to costs and may not cover all costs – I have agreed with my School how any excess costs will be funded.
Applicant signature	Applicant Signature: Date:
Line Manager support*	I confirm that this proposed mobility has been approved at School level for the place and period of time described above. The School budget can cover expenses initially before the grant funds (up to the maximum levels allocated) are reimbursed from the Erasmus project code. Name:
College approval	I confirm that this proposed mobility has been approved at College level.
Dean of Learning and Teaching OR Head of Service (**signature** and print name)* LEGAL REPRESENTATIVE [3]	

* If you are unable to arrange a signature, other evidence of support is accepted (e.g. email)
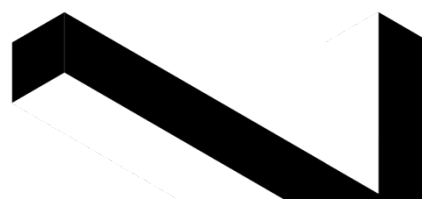
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[3] PERSON WHO WILL SIGN THE QUALITY AGREEMENT

REFERENCE TABLES

Please type in both the code and the description in order to avoid later misunderstanding.

TABLE ORGANISATION TYPES	
ASC-PAR	Parents' Association
ASC-TCH	Teachers' Association
ASC-TRNee	Trainees' Association
ASC-VET	VET providers Associations
CONS-GUID	Centre for vocational guidance and counselling
CONS-INF	Body providing guidance and information on Lifelong Learning
EDU-COMP	Company training department
EDU-SCHNur	Pre-primary school
EDU-SCHVoc	Vocational or technical secondary school
EDU-SpNeed	Establishment for learners/pupils with special needs
EDU-VET	Vocational training centre or organisation
ENT-CHCom	Chamber of Commerce
ENT-CHCrft	Chamber of crafts
ENT-CHInd	Chambers of Industry
ENT-LARGE	Enterprise large (> 500 employees)
ENT-PROFS	Professional Associations
ENT-SME	SME
ENT-TRD	Trade organisations
ENT-UNION	Social partners (trade unions, etc)
NFP-ASC	Non-profit Association
NFP-NGO	Non-governmental organisation ("NGO")
NFP-VOL	Voluntary body
PUB-HSP	Hospital
PUB-LOC	Public authority (local)
PUB-NAT	Public authority (national)
PUB-REG	Public authority (regional)
RES-PRV	Private Research Centres
RES-PUB	Public Research Centres (not HE)

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TABLE SIZE (STAFF OR TRAINEES)

Code	Description
S1	1 to 20
S2	21 to 50
S3	51 to 250
S4	251 to 500
S5	501 to 2.000
S6	2.001 to 5.000
S7	more than 5.000

TABLE ECONOMIC SECTOR (NACE)

The list of top-level **NACE sector codes** is available at:
http://ec.europa.eu/eurostat/ramon/nomenclatures/index.cfm?TargetUrl=LST_NOM_DTL&StrNom=NACE_REV2&StrLanguageCode=EN

TABLE GEOGRAPHICAL SCOPE

Code	Description
L	local
R	regional
N	national
E	european
I	international

TABLE LANGUAGES

BG	Bulgarian	LV	Latvian
CS	Czech	LT	Lithuanian
DA	Danish	MT	Maltese
DE	German	PL	Polish
NL	Dutch	PT	Portuguese
EN	English	RO	Romanian
ET	Estonian	SK	Slovak
FI	Finnish	SL	Slovenian
FR	French	ES	Spanish
GA	Irish	SV	Swedish
EL	Greek	IS	Icelandic
HU	Hungarian	NO	Norwegian
IT	Italian	TR	Turkish

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TABLE COUNTRY

AT	Austria
BE	Belgium
BG	Bulgaria
CY	Cyprus
CZ	Czech Republic
DE	Germany
DK	Denmark
EE	Estonia
ES	Spain
FI	Finland
FR	France
GB	United Kingdom
GR	Greece
HU	Hungary
IE	Ireland
IT	Italy
LT	Lithuania
LU	Luxembourg
LV	Latvia
MT	Malta
NL	Netherlands
PL	Poland
PT	Portugal
RO	Romania
SE	Sweden
SI	Slovenia
SK	Slovakia
TR	Turkey
IS	Iceland
LI	Liechtenstein
NO	Norway

NB: If individuals reside in one of the overseas countries and territories or have one of these territories as destination, real incurred travel costs shall be reimbursed in total, independent of the duration of the mobility activity