**STAFF MOBILITY FOR TEACHING PURPOSES**

**APPLICATION FORM**

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| **First name:** | **Surname:** |
| **Date of Birth:** | **Nationality:** |
| **Sex: M/F** | **Passport/ID Number:** |
| **Permanent residence address:** |
| **Telephone:** | **E-mail address:** |
|  |
| **Home Insitution name:** |
| **Country:** | **Address:** |
| **Faculty/Unit:** |
| **Seniority at Home Institution (how many years do you work at your institution):****J – junior (less than 10 years) □ I – intermediate (from 10 to 20 years) □ S – senior (over 20 years) □** |
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| **Planned period of mobility (including days of travel):** |
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| **Faculty at Host University that you are going to give lectures**?* Faculty of Civil Engineering and Architecture
* Faculty of Environmental Engineering, Geomatics and Renewable Energy
* Faculty of Electrical Engineering, Automatic Control and Computer Science
* Faculty of Mechatronics and Mechanical Engineering
* Faculty of Management and Computer Modelling
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| **English Language competence (according to CEFRL/CEF):**  |
| **□** *A1-**Beginner* | **□** *B1 – Intermediate* | **□** *C1 – Advanced* |
| **□** *A2-**Beginner* | **□** *B2 – Upper Intermediate* | **□** *C2 – Proficient* |
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| **Bank account details (where the financial support should be paid** |
| Bank account holder (if different than participant):  |  |
| Bank name:  |  |
| Clearing/BIC/SWIFT number:  |  |
| Account/IBAN number: |  |

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| *I hereby certify that the statements in this application form are correct and complete.**I hereby declare that I have read and I am familiar with the*  ***Formal procedures of applying for a teaching/ training period at Kielce University of Technology (Erasmus+ student mobility between Partner and Programme countries)****I hereby give consent for my personal data to be processed for the purposes of recruitment and qualification process under the Data Protection Act of 29.08.1997 [Journal of Laws of 2016, no. 922, with further amendments]. Upon accepting my application by Kielce University of Technology, I hereby agree to process my personal data for the purposes of administrative and financial process in the period of my stay at the Kielce University of Technology until settling the m.obility.**The administrator of personal data is Kielce University of Technology represented by the Rector, Al. Tysiąclecia Państwa Polskiego 7, 25-314 Kielce..**I hereby give/not give\* consent for use of personal image and personal data for the purposes of promotion and dissemination of the Erasmus+ project during and after my stay at Kielce University of Technology for the period of 5 years.* |
| **Place and date:** | **Signature of the participant:** |

*\* Choose as appropriate*