



## STAFF MOBILITY APPLICATION FORM

First name:	Surname:		
Date of Birth:	Nationality:		
Sex: M/F*	Passport/ID Number:		
Permanent residence address:			
Telephone:	E-mail (please write one official email address):		
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)			
Home Insitution name:			
Country:	Address:		
Faculty/Unit:	Main duties at Home Intitution:		
Planned period of mobility (including days of travel):			
Language knowledge (according to CEFRL/CEF). Please specify language and level of communication.			
Language 1	Language 2		
A1 – Beginner	$\Box \qquad A1 - Beginner$		
A2 – Pre-Intermediate	$\Box \qquad A2 - Pre-Intermediate$		
B1 – Intermediate	$\square \qquad B1-Intermediate$		
B2 – Upper-Intermediate	$\square \qquad B2-Upper-Intermediate$		
C1 – Advanced	$\Box \qquad C1 - Advanced$		
C2 – Proficient	$\Box \qquad C2 - Proficient$		
Do you have any foreign students teaching experience? If yes, what kind**			
Field of education (ISCED code):			
(http://ec.europa.eu/education/resources/international-standard-classification-education-fields_en) **			
What is the expected influence of the mobility on your professional development?			
what is the expected influence of the mobility on your professional development.			
Have you previously taken part in Erasmus+ or LLP Erasmus exchange programme? Yes/No*			
If yes, how many times.			
	times □ more than 10 times □		





## Statement On Sharing And Processing Of Personal Image Related To The International Exchange

I hereby give/not give\* consent for my personal image to be processed by the Office of International Education (OIE) under par. 81 art. 1 of the Data Protection and Related Rights Act of 04.02.1994 [Journal of Laws of 2017, item 880] – including photographs, films, multimedia presentations and mobility reports to be used for the purposes of promotion and dissemination of the projects carried out by OIE.

The consent includes using, recording, processing, copying, archiving, public sharing, as well as creating, storing and using data backup which are published by means of any media, in printed or electronic form (Internet). The consent is expressed for an unlimited period, free of charge and without any subjective or objective limitations.

I hereby declare that photographs, films, multimedia presentations were prepared by me, I have all the rights and consents of people visible in the photographs for the publication of their image.

## Statement On The Personal Data Processing

I hereby give/not give\* consent for my personal data to be processed by the administrator of personal data which is Lublin University of Technology represented by the Rector, Nadbystrzycka 38D, 20-618 Lublin, for the purposes of qualification process for training mobility.

In the event of incoming mobility on the basis of positive decision of Lublin University of Technology to which I apply for training mobility, I hereby agree/not agree\* to process my personal data for the purposes of administrative and financial process in the period of my mobility, until fully settling the mobility.

Tomasz Joński is the Data Protection Officer at Lublin University of Technology, email: t.jonski@pollub.pl

You have the right to access your personal data and to correct, delete, limit, process your personal data as well as the right to data portability. You have the right to withhold your consent at any time with no effect on the lawfulness of data processing.

Should you consider your personal data being processed in violation with the Personal Data Protection Act of 27 April 2016, you have the right to lodge a complaint according to the PDPA.

Your personal data is collected and processed in order to conclude the agreement between the staff and Lublin University of Technology.

I herby certify that I can speak the language in which the training will take place, on the level that allows me to participate in it. Attached please find the Mobility Agreement Staff Mobilty for Training. I hereby certify that the statements in this application form are correct and complete.

I hereby give/not give\* consent for use of personal image and personal data for the purposes of promotion and dissemination of the project during and after my stay at Lublin University of Technology for the period of 5 years.

Date and signature of the participant:	Date and signature of the participant's principal/coordinator:

## To be completed by the Host University (Lublin University of Technology)

International Exchange Coordinator/Qualification Committee appointed by the Deputy Rector for Student Affairs on the basis of the Rector's Resolution No. 13/2018 of 1.02.2018 qualified/didn't qualify Mr/Ms ...... for mobility to Lublin University of Technology between





...../...... - ...../...... as he/she has fulfilled the qualification requirements specified in The Qualification Rules for the Incoming Staff - Teaching and Training Mobility - under Erasmus+ Project No.

•••••••

Date:

International Exchange Coordinator/ Qualification Committee Members\* signatures:

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\*Delete as appropriate/\*\* If applicable