## EU flag-Erasmus+_vect_POSuwm1APPLICATION FORM

## TEACHING/TRAINING STAFF MOBILITY (STA/STT)

## ERAMSUS+ PROGRAMME KA107 – 2020

**HIGHER EDUCATION STUDENT AND STAFF MOBILITY BETWEEN PROGRAMME AND PARTNER COUNTRIES**

*APPLICATION FORM SHOUDL BE FILLED ELECTROCINALLY, SIGNED AND STAMPED*

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| --- | --- |
| 1. **NAME AND SURNAME** |  |
| 1. **ACADEMIC TITLE/POSITION** |  |
| 1. **EMPLOYED AT**   *(UNIVERSITY, FACULTY)* |  |
| 1. **AIM**   *(STA – teaching, STT – training)* |  |
| 1. **CITIZENSHIP** |  |
| 1. **ADRESS** |  |
| 1. **PHONE NUMBER** |  |
| 1. **SENIORITY** |  |
| 1. **E-MAIL** |  |
| 1. **PASSPORT NUMBER** |  |
| 1. **LANGUAGE OF TEACHING/TRAINING**   *(DURING THE MOBILTY)* |  |
| 1. **DATE OF THE MOBILITY** *(FROM FIRST TILL LAST DAY OF THE MOBILITY – WITHOUT TRAVEL)* | **FROM** *first day of the mobility - calendar*  **TILL** *last day of the mobility- calendar* |

*I familiarized myself with the mobility regulations operating at the University of Warmia and Mazury in Olsztyn in the frame of Erasmus+ Programme for partner countries.*

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| ***Date and signature of an applicant***  ................................................................. | *Date, signature and a stamp of a*  *DIRECT SUPERVISOR*  *(FORM HOME UNIVERSITY)*  ................................................................. |

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**Consent for the processing of common personal data by University of Warmia and Mazury**

I hereby give my consent for the processing of my personal data by the University of Warmia and Mazury in Olsztyn, Michała Oczapowskiego 2, 10-719 Olsztyn, Poland, for the purpose of mobility in the frame of Erasmus+ Programme .

*We hereby inform you that you have the right to withdraw your consent at any time by delivering a completed consent withdrawal request form to the UWM Data Protection Supervisor. The withdrawal consent form can be downloaded from:www.uwm.edu.pl/daneosobowe*.

The withdrawal of consent shall not affect the lawfulness of processing based on your consent before its withdrawal.

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*(signature)*