# Application Form and Work plan

# FOR TRAVELLING ABROAD WITHIN THE FRAMEWORK OF ERASMUS+ KA1 EDUCATIONAL MOBILITY FOR TEACHERS

# For the academic year 2025/2026

# Wekerle International University

**Personal data:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Citizenship:** |  |
| **Birth name:** |  |
| **Place of birth:** |  | **Date of birth:** |  |
| **Permanent address:** |  |
| **Name of organizational unit:** |  |
| **Position:** |  |
| **Work phone number:** |  | **Personal phone number:** |  |
| **E-mail address:** |  |
| **Name of direct workplace supervisor:** |  | **Supervisor’s position:** |  |
| **Supervisor’s phone number:** |  | **Supervisor’s email address:** |  |

**Language skills**

**Language: ……………………………………………………………**

**Level of language proficiency:** 🔳 A1 🔳 A2 🔳B1 🔳 B2 🔳 C1 🔳 C2

*(Please, tick as appropriate.)*

**Planned Erasmus+ mobility activity**

**Host institution’s data:**

|  |  |
| --- | --- |
| **Host institution’s name:** |  |
| **Host institution’s Erasmus code:** |  |
| **Host institution’s address:** |  |

**Details of the mobility activity:**

|  |  |
| --- | --- |
| **Brief description of the planned activity:** |  |
| **For how many days?**  |  |
| **Date of travel (year, month)** |  |
| **Have you previously participated in a mobility program? If yes, when, under which program, and with what activities?** |  |

**Motivation:**

|  |
| --- |
| **How does the mobility activity contribute to your professional development?** |
| **According to your plans, how will the mobility activity contribute to improving the quality of education in the sending organizational unit?** |
| **To what extent does the mobility activity contribute to the qualitative and quantitative growth of Erasmus mobility and the improvement of cooperation between institutions?** |
| **What outcome or benefits do you expect from the mobility activity?** |
| **How do you plan to share the experiences gained during the mobility with your students and colleagues working in similar fields?** |

|  |
| --- |
| **Date:** **Applicant’s signature:** |

**Recommendation of the WSNE Student and Staff Mobility Committee**

The Committee’s decision:

🔳 **The above application is supported.**

🔳 **The above application is not supported.**

Signatures of the Committee members:

Date:

 \_\_\_\_\_\_

**Decision**

Taking into account the Committee's recommendation regarding the staff member’s application, 🔳 **I approve it.**

 🔳 **I do not approve it.**

Date:

 Rector’s signature