

**FROM SFAX UNIVERSITY**

**TO MANISA CELAL BAYAR UNIVERSITY**

**ERASMUS+ PROGRAMME**

**INTERNATIONAL CREDIT MOBILTY-ICM**



**INTERNATIONAL CREDIT MOBILTY-ICM**

**APPLICATION FORM FOR STAFF MOBILITY FOR TEACHING/TRAINING (INCOMING)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name- Surname:** | **Gender: M 🞏 F 🞏** | **Nationality:** | **PHOTO** |
| **Date- Place of birth:dd/mm/yyyy**  | **ID or Passport Number:** | **Job title:** |
| **Faculty:**  | **Department:** | **Home university:** |
| **Contact person for emergency:** | **Contact telephone/e-mail for emergency:** | **Special need: Yes 🞏 No 🞏Explain (if Yes):** |
| **E-mail:** | **Telephone:** | **Address:** |
| **Type of staff mobility:❑ Teaching (Teaching staff only) ❑ Training (except teaching staff)** | **Intended dates of mobility:** **From dd/mm/yyyy To dd/mm/yyyy** |
| **SELECTION CRITERIA** |
| **Seniority:** **❑ Junior / <10 years’ experience (+4 pts)** **❑ Intermediate / 10-20 years’ experience (+6 pts)** **❑ Senior / 20+years’ experience (+8 pts)**  | **Previous Participation ICM:****Taking part in the Erasmus+ ICM program for the first time:** **Yes 🞏 (+5 pts)** **No 🞏** **If no, please write the number of the prior mobilities: ………(each mobility\* -10)**  | **Do you have any special needs (disadvantaged staff)?****Yes 🞏 (+10 pts) No 🞏**  |
| **Do you have a Foreign Language Proficiency Document?** **Yes 🞏** **No 🞏** **If yes, please add it to this application documents.** |
| **Please list the overall objectives of your mobility:** |
| *I certify that the information given in this application is true, complete, and accurate to the best of my knowledge.* |
| **Participant**  | **University Representatives:**  |
| **Name-Surname:** | **Name-Surname:** |
| **E-mail:** | **E-mail:** |
| **Signature/Date:** | **Signature/Date:** |

* Please attach “Copy of National Identity Card or Passport” Documents.
* Please attach language proficiency document if necessary (voluntary).
* Please attach the “Disability” status documents if necessary.