

**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.