

ERASMUS+
International Credit Mobility (ICM) programme

KONKURS ZA STIPENDIRANJE NASTAVNIKA I ADMINISTRATIVNOG OSOBLJA
NA DOKTORANDE I MAJSTROVANJE NA ~~UNIVERZITETU BIALYSTOK (POLJSKA)~~
~~UNIVERZITETU BIALYSTOK (POLJSKA)~~
(www.elam.pb.edu.pl)

Trajanje konkursa do 20. marta 2016.!

Ko se može prijaviti na konkurs?

Nastavnici i administrativno osoblje sa sledećih fakulteta:

- Ekonomskog fakulteta
- Elektronskog fakulteta
- Mašinskog fakulteta
- Gradjevinsko-arhitektonskog fakulteta

STUDIJSKI BORAOK JE PREDVIDJEN U PERIODU: 9 -13. MAJ 2016.

Trajanje boravka na Tehnološkom univerzitetu u Bialystoku:

5 dana nastave za nastavnike (ukupno 8h nastave)

5 dana treninga za administrativno osoblje i

2 dana puta

Iznos mesečne stipendije za životne troškove je 140 evra dnevno i jednokratna nadoknada putnih troškova (Iznos stipendije je određen programom Erasmus+ kada nastavnici/administrativno osoblje iz partnerske zemlje kao što je Republika Srbija putuju u treću grupaciju programskih zemalja, gde se nalazi Poljska)

Obavezna dokumentacija za prijavu kandidata:

- *Aplikacija (u prilogu)*
- *CV (na engleskom jeziku)*
- *Staff mobility Agreement (u prilogu)*
- *Kopija pasoša*

Molimo vas da prijave dostavite putem E-mail-a na obe adrese:

- Prof. dr Ivica Manić, institucionalni ERASMUS+ koordinator:

ivica.manic@elfak.ni.ac.rs

- Jelena Čivljak, Kancelarija za međunarodnu saradnju

Univerziteta u Nišu: civljak@ni.ac.rs

sa napomenom *Prijava za Erasmus+ ICM boravak na Tehnološkom univerzitetu u Bialystoku.*

ROK: 20. mart 2016. godine do 15:00 časova

Nakon završetka konkursa, prijave kandidata koji prođu tehničku proveru i evaluaciju od strane institucionalnih Erasmus+ koordinatora Univerziteta u Nišu biće dostavljene Tehnološkom univerzitetu u Bialystoku kao nominacije za studijski boravak. Tehnološki univerzitet u Bialystoku vrši konačan izbor kandidata shodno broju stipendija namenjenih Univerzitetu u Nišu.

**APPLICATION FORM
ERASMUS+ STAFF MOBILITY FOR TEACHING/TRAINING ASSIGNMENTS**

PERSONAL DATA

First name (s)		Last name (s)	
Job title/Position		Seniority in the position	
E-mail		Nationality	
Sex [M/F]		Date of birth	
Passport number		Phone number	
Home Address (Country, City, Street no., Postal Code)			

THE SENDING INSTITUTION

Full official name	
Faculty/Department	
Address	
City	
Country	

Please send the application to: a.lawicka@pb.edu.pl

Bialystok University of Technology – Poland
INTERNATIONAL Training WEEK
9th – 13th May 2016
APPLICATION FORM

PERSONAL INFORMATION	
Name	
Surname	
Title (Mr / Ms)	
Name of Institution	
Department / Position	
City / Country	
Phone number	
E – mail	
Visa required: <i>If yes, we will send you an invitation letter.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food Restriction (Such as vegetarian, etc.)	<input type="checkbox"/> Yes please specify: <input type="checkbox"/> No

ACTIVITIES / PROGRAMME DETAILS	
Please choose the faculty to visit on 10 and 11 May.	<input type="checkbox"/> Faculty of Architecture <input type="checkbox"/> Faculty of Civil Eng. <input type="checkbox"/> Faculty of Computer Science <input type="checkbox"/> Faculty of Electrical Eng. <input type="checkbox"/> Faculty of Management <input type="checkbox"/> Faculty of Mechanical Eng. <input type="checkbox"/> Faculty of Forestry
Are there any University Departments you would particularly like to visit (besides faculties)?	<input type="checkbox"/> Yes Please specify: <input type="checkbox"/> No
Will you participate in Polish folk evening?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you participate in the bone fire in the forest?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you wish to participate in the Round Tour in Podlasie Region?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Recommended ACCOMMODATION	
Arrival Date (if known)	
Departure Date (if known)	
Pastel Hotel http://www.pastel.kasol.com.pl/ang/informacje.html Reservation: http://www.pastel.kasol.com.pl/ang/rejestracja.html	- Single Room (€40 per night) - Double Room (€50 per night) (Breakfast is included)
Titanic Hotel http://ckbtitanic.pl/pokoje.php Reservation: recepca@ckbtitanic.pl	- Single Room (€40 per night) - Double Room (€45 per night) (Breakfast is included)

Pod Herbem Hotel

<http://www.hotel-podherbem.pl/rooms/>

Reservation:

repcja@hotel-podherbem.pl

biuro@hotel-podherbem.pl

- Single Room (€35 per night)
 - Double Room (€45 per night)
- (Breakfast is included)

I confirm that I know about fee to be paid after arrival.

Please send the application form before 21st March 2016 to m.malinowska@pb.edu.pl



STAFF MOBILITY FOR TEACHING¹ MOBILITY AGREEMENT

Planned period of the teaching activity: from [day/month/year] till [day/month/year]

Duration (days) – excluding travel days:

The teaching staff member

Last name (s)		First name (s)	
Seniority ²		Nationality ³	
Sex [M/F]		Academic year	20../20..
E-mail			

The Sending Institution/Enterprise⁴

Name			
Erasmus code ⁵ (if applicable)		Faculty/Department	
Address		Country/ Country code ⁶	
Contact person name and position		Contact person e-mail / phone	
Type of enterprise: NACE code ⁷ (if applicable)		Size of enterprise (if applicable)	

The Receiving Institution

Name	BIALYSTOK UNIVERSITY OF TECHNOLOGY		
Erasmus code ⁸ (if applicable)	PL BIALYST01	Faculty/Department	
Address	45A WIEJSKA STREET, 15-351 BIALYSTOK, POLAND	Country/ Country code	PL
Contact person name and position	MAŁGORZATA MALINOWSKA-CZUPRYS HEAD OF IRO	Contact person e-mail / phone	m.malinowska@pb.edu.pl tel. 48 (85) 746-96-61

For guidelines, please look at the end notes on page 3.



Section to be completed BEFORE THE MOBILITY

I. PROPOSED MOBILITY PROGRAMME

Main subject field⁹:

Level (select the main one): Short cycle (EQF level 5) Bachelor or equivalent first cycle (EQF level 6) Master or equivalent second cycle (EQF level 7) Doctoral or equivalent third cycle (EQF level 8)

Number of students at the receiving institution benefiting from the teaching programme:

Number of teaching hours:

Language of instruction:

Overall objectives of the mobility:

Added value of the mobility (in the context of the modernisation and internationalisation strategies of the institutions involved):

Content of the teaching programme:

Expected outcomes and impact (e.g. on the professional development of the teaching staff member and on the competences of students at both institutions):



II. COMMITMENT OF THE THREE PARTIES

By signing¹⁰ this document, the teaching staff member, the sending institution/enterprise and the receiving institution confirm that they approve the proposed mobility agreement.

The sending higher education institution supports the staff mobility as part of its modernisation and internationalisation strategy and will recognise it as a component in any evaluation or assessment of the teaching staff member.

The teaching staff member will share his/her experience, in particular its impact on his/her professional development and on the sending higher education institution, as a source of inspiration to others.

The teaching staff member and the sending institution commit to the requirements set out in the grant agreement signed between them.

The teaching staff member and the receiving institution will communicate to the sending institution/enterprise any problems or changes regarding the proposed mobility programme or mobility period.

The teaching staff member

Name:

Signature:

Date:

The sending institution/enterprise

Name of the responsible person:

Signature:

Date:

The receiving institution

Name of the responsible person: **Faculty Coordinator/Dean**

Signature:

Date:

The receiving institution

Name of the responsible person: **Vice Rector**

Signature:

Date:

¹ In case the mobility combines teaching and training activities, **this** template should be used and adjusted to fit both activity types.

² **Seniority:** Junior (approx. < 10 years of experience), Intermediate (approx. > 10 and < 20 years of experience) or Senior (approx. > 20 years of experience).

³ **Nationality:** Country to which the person belongs administratively and that issues the ID card and/or passport.

⁴ All references to "**enterprise**" are only applicable to mobility for staff between Programme Countries or within Capacity Building projects.

⁵ **Erasmus Code:** A unique identifier that every higher education institution that has been awarded with the Erasmus Charter for Higher Education receives. It is only applicable to higher education institutions located in Programme Countries.

⁶ **Country code:** ISO 3166-2 country codes available at: <https://www.iso.org/obp/ui/#search>.



**Higher Education
Mobility Agreement form**
Participant's name

⁷ The top-level NACE sector codes are available at http://ec.europa.eu/eurostat/ramon/nomenclatures/index.cfm?TargetUrl=LST_NOM_DTL&StrNom=NACE_REV2&StrLanguageCode=EN

⁸ **Erasmus Code:** A unique identifier that every higher education institution that has been awarded with the Erasmus Charter for Higher Education receives. It is only applicable to higher education institutions located in Programme Countries.

⁹ The [ISCED-F 2013 search tool](http://ec.europa.eu/education/tools/iscsed-f_en.htm) (available at http://ec.europa.eu/education/tools/iscsed-f_en.htm) should be used to find the ISCED 2013 detailed field of education and training.

¹⁰ Circulating papers with original signatures is not compulsory. Scanned copies of signatures or electronic signatures may be accepted, depending on the national legislation of the country of the sending institution (in the case of mobility with Partner Countries: the national legislation of the Programme Country).



STAFF MOBILITY FOR TRAINING¹ MOBILITY AGREEMENT

Planned period of the training activity: from [day/month/year] till [day/month/year]

Duration (days) – excluding travel days:

The Staff Member

Last name (s)		First name (s)	
Seniority ²		Nationality ³	
Sex [M/F]		Academic year	20../20..
E-mail			

The Sending Institution

Name			
Erasmus code ⁴ (if applicable)		Faculty/Department	
Address		Country/ Country code ⁵	
Contact person name and position		Contact person e-mail / phone	

The Receiving Institution / Enterprise⁶

Name	BIALYSTOK UNIVERSITY OF TECHNOLOGY		
Erasmus code (if applicable)	PL BIALYST01	Faculty/Department	
Address	45A WIEJSKA STREET, 15-351 BIALYSTOK, POLAND	Country/ Country code	PL
Contact person, name and position	MAŁGORZATA MALINOWSKA-CZUPRYS HEAD OF IRO	Contact person e-mail / phone	m.malinowska@pb.edu.pl tel. 48 (85) 746-96-61
Type of enterprise: NACE code ⁷ (if applicable)	N/A	Size of enterprise (if applicable)	N/A

For guidelines, please look at the end notes on page 3.



Section to be completed BEFORE THE MOBILITY

I. PROPOSED MOBILITY PROGRAMME

Language of training:

<p>Overall objectives of the mobility:</p>
<p>Added value of the mobility (in the context of the modernisation and internationalisation strategies of the institutions involved):</p>
<p>Activities to be carried out:</p>
<p>Expected outcomes and impact (e.g. on the professional development of the staff member and on both institutions):</p>



II. COMMITMENT OF THE THREE PARTIES

By signing⁸ this document, the staff member, the sending institution and the receiving institution/enterprise confirm that they approve the proposed mobility agreement.

The sending higher education institution supports the staff mobility as part of its modernisation and internationalisation strategy and will recognise it as a component in any evaluation or assessment of the staff member.

The staff member will share his/her experience, in particular its impact on his/her professional development and on the sending higher education institution, as a source of inspiration to others.

The staff member and the sending institution commit to the requirements set out in the grant agreement signed between them.

The staff member and the receiving institution/enterprise will communicate to the sending institution any problems or changes regarding the proposed mobility programme or mobility period.

The staff member

Name:

Signature:

Date:

The sending institution/enterprise

Name of the responsible person:

Signature:

Date:

The receiving institution

Name of the responsible person:

Signature:

Date:

¹ In case the mobility combines teaching and training activities, **the mobility agreement for teaching template** should be used and adjusted to fit both activity types.

² **Seniority:** Junior (approx. < 10 years of experience), Intermediate (approx. > 10 and < 20 years of experience) or Senior (approx. > 20 years of experience).

³ **Nationality:** Country to which the person belongs administratively and that issues the ID card and/or passport.

⁴ **Erasmus Code:** A unique identifier that every higher education institution that has been awarded with the Erasmus Charter for Higher Education receives.. It is only applicable to higher education institutions located in Programme Countries.

⁵ **Country code:** ISO 3166-2 country codes available at: <https://www.iso.org/obp/ui/#search>.

⁶ All references to "**enterprise**" are only applicable to mobility for staff between Programme Countries or within Capacity Building projects.

⁷ The top-level NACE sector codes are available at http://ec.europa.eu/eurostat/ramon/nomenclatures/index.cfm?TargetUrl=LST_NOM_DTL&StrNom=NACE_REV2&StrLanguageCode=EN

⁸ Circulating papers with original signatures is not compulsory. Scanned copies of signatures or electronic signatures may be accepted, depending on the national legislation of the country of the sending institution (in the case of mobility with Partner Countries: the national legislation of the Programme Country).