**** ***Georgian Institute of Public Affairs (GIPA)***

**APPLICATION FORM**

**STAFF MOBILITY FOR TEACHING (STA)**

**OUTGOING STAFF**

|  |  |
| --- | --- |
| FIRST AND FAMILY NAME OF STAFF MEMBER |       |
| ACADEMIC DEGREE/ TITLEPOSITION/JOB TITLE |       |
| TELEPHONE/CELL PHONE |       |
| E-MAIL |       |
| POSITION IN BUSINESS ENTITY |       |
| DATE, PLACE AND COUNTRY OF BIRTH |       |
| NATIONALITY |        |
| GENDER | **[ ]** F [ ]  M |
| HOME ADDRESS  |       |
| CITY AND POSTAL CODE, COUNTRY |        |

**HOME INSTITUTION**

|  |  |
| --- | --- |
| HOME INSTITUTION  |       |
| DEPARTMENT |       |
| Employment status at home University*(mark relevant information)* | **[ ]** Full-time employment (permanent employment contract)**[ ]** Part-time employment (Employment contract valid until *dd/mm/yyyy)***[ ]** Part-time associate (agreement on cooperation with the home university valid until *dd/mm/yyyy)* |
| SECTOR |       |
| ADDRESS, CITY, COUNTRY |       |
| CONTACT PERSON AT THE HOME INSTITUTION, POSITION |       |
| TELEPHONE |       |
| FAX |       |
| E-MAIL |       |

**HOST INSTITUTION**

|  |  |
| --- | --- |
| HOST INSTITUTION  |  |
| DEPARTMENT/OFFICE/UNITSECTOR  |  |
| ADDRESS |  |
| ADDRESS (PLACE OF IMPLEMENTATION ACTIVITY- IF DIFFERENT FROM THE HEAD OFFICE OF HOST INSTITUTION) | - |
| PIC/ERASMUS ID CODE |  |
| CONTACT PERSON AT THE HOST INSTITUTION, TITLE AND POSITION |  |
| TELEPHONE |  |
| FAX |  |
| E-MAIL |  |

**MOBILITY PROGRAMME**

|  |  |
| --- | --- |
| NAME OF THE COURSE AT THE HOST INSTITUTION |       |
| SUBJECT AREA |  |
| OFFICIAL LANGUAGE DURING ACTIVITY | English |
|  DURATION OF STAY FROM (DD,MM,YY- FIRST DAY OF ACITIVITY) UNTIL (DD,MM,YY) |       |
| NUMBER OF DAYS ATTENDED TO THE ACIVITY (without travel days included) |       |
| NUMBER OF TEACHING HOURS |       |
| TOPIC OF LECTURES |       |
| TITLE OF THE TEACHING PROGRAMME |       |
| LEVEL OF TEACHING (BACHELOR / MASTER / DOCTORATE) |       |
| AIM OF MOBILITY |       |
| ADDED VALUE OF THE MOBILITY (BOTH FOR THE HOST INSTITUTION AND FOR THE TEACHER)  |       |

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**Date:**

**Applicant signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**