

GRANT AGREEMENT FÜR ERASMUS+ PERSONALMOBILITÄT ZU LEHRZWECKEN (STA)

**DIESES DOKUMENT IST VOLLSTÄNDIG AM PC AUSZUFÜLLEN
UND VOR REISEBEGINN IM ORIGINAL EINZUREICHEN**

DIENSTREISE

Zielland			
Zielort			
Ziel-Universität			
Erster Arbeitstag*		Letzter Arbeitstag*	

*ohne Reisetage

HUMBOLDT-UNIVERSITÄT ZU BERLIN

ERASMUS-Code	<input type="text" value="D"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value="B"/> <input type="text" value=""/> <input type="text" value="E"/> <input type="text" value=""/> <input type="text" value="R"/> <input type="text" value=""/> <input type="text" value="L"/> <input type="text" value=""/> <input type="text" value="I"/> <input type="text" value=""/> <input type="text" value="N"/> <input type="text" value=""/> <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value="3"/>		
Anschrift	Unter den Linden 6, D-10099 Berlin		
Bereich	Hochschulbildung		
Ansprechpartnerin	Christina Bohle, Hochschulkoordinatorin Erasmus+		
Abteilung Studienjahr	Abteilung Internationales 2022/2023		
E-Mail Telefon	christina.bohle@hu-berlin.de +49 30 2093-46715		

DER/DIE TEILNEHMER/IN

Nachname(n)			
Vorname(n)			
Geburtsdatum (dd.mm.yyyy)			
Staatsangehörigkeit			
vollständige offizielle Anschrift (Str./PLZ/Ort)			
Telefonnummer			
E-Mail-Adresse			
Position an der HU			
Abteilung/Fachbereich			
Geschlecht	<input type="checkbox"/> männlich	<input type="checkbox"/> weiblich	<input type="checkbox"/> undefiniert
Bisherige Tätigkeit in Jahren	<input type="checkbox"/> <10	<input type="checkbox"/> 10-20	<input type="checkbox"/> >20



Kontoverbindung für die Stipendienzahlung aus Erasmus+ Mitteln		
Kontoinhaberin/Kontoinhaber		
private Anschrift in Deutschland	Straße und Hausnr.	
	PLZ und Ort	
IBAN		
BC/BIC/SWIFT		
Name der Bank		

FINANZIERUNGSPLAN [WIRD VOM ERASMUS-TEAM AUGEFÜLLT]

Die/Der Teilnehmende erhält:

Finanzielle Unterstützung aus Erasmus+ Mitteln der EU
 Zero Grant-Förderung
 Finanzielle Unterstützung aus Erasmus+ Mitteln der EU in Kombination mit *Zero Grant*-Förderung
 Die finanzielle Unterstützung umfasst auch Fördermittel für Teilnehmer mit Behinderung

Anzahl der Lehrtage		} X EU-Pauschale/Tag		EUR =		EUR
Anzahl zusätzl. Reisetage						
Entfernung laut EU-Rechner		km \triangleq	Fahrtkosten-Pauschale			EUR
Finanzielle Unterstützung insgesamt						EUR

Diese Anlagen und Anhänge sind fester Bestandteil des Grant Agreements:

Anhang I **Mobility Agreement**
Anhang II **Letter of Confirmation**

Online-Survey **Ausfüll-Aufforderung mit Link erfolgt automatisch per E-Mail**

Anlage I **Infoschreiben**
Anlage II **Besondere Bestimmungen** (Vorrang vor Bestimmungen in Anhängen)
Anlage III **Allgemeine Bestimmungen**

UNTERSCHRIFTEN

Die/Der Teilnehmende		
Berlin, _____		
Datum	Unterschrift	

HU Berlin Christina Bohle, Erasmus+ Hochschulkoordinatorin
Berlin, _____
Datum Unterschrift

ES WERDEN AUSSCHLIESSLICH HANDSCHRIFTLICHE UNTERSCHRIFTEN AKZPTIERT

ANHANG I MOBILITY AGREEMENT

STAFF MOBILITY FOR TEACHING (STA)

DIESES DOKUMENT IST VON DER GASTUNIVERSITÄT ZU UNTERZEICHNEN UND VOR REISEBEGINN ALS SCAN AN erasmus.lehre@hu-berlin.de ZU SCHICKEN

THE TEACHING STAFF MEMBER

Last Name(s)			
First Name(s)			
Gender [male/female/undefined]		Nationality ¹	
E-Mail			
Academic Year	2022/2023		

THE SENDING INSTITUTION³

Name	Humboldt-Universität zu Berlin		
Address	Unter den Linden 6, D-10099 Berlin		
ERASMUS-Code	D B E R L I N 1 3		
Type of Institution: NACE code ²	P 85.42		
Country Code ³	DE	Size of Institution	> 250 employees
Contact Person	Christina Bohle, Erasmus-Coordinator		
Department	International Department		
E-Mail Phone	christina.bohle@hu-berlin.de +49 30 2093-46715		

THE RECEIVING INSTITUTION

Name of University	
ERASMUS-Code ⁴	<input type="text"/>
Faculty/Department	
Contact Person: name and position	
Contact Person: e-mail	
Contact Person: phone	

SECTION TO BE COMPLETED BEFORE THE MOBILITY

I. PROPOSED MOBILITY PROGRAMME

Planned period of the teaching activity			
Start date*		End date*	
Duration (days)*		*excluding travel days	

Main subject field ⁵	
Language of instruction	
Number of teaching hours	
Number of students benefiting from the teaching programme	
Level (select the main one)	<input type="checkbox"/> Short cycle (EQF level 5) <input type="checkbox"/> Bachelor or equivalent first cycle (EQF level 6) <input type="checkbox"/> Master or equivalent second cycle (EQF level 7) <input type="checkbox"/> Doctoral or equivalent third cycle (EQF level 8)

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 signing 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 beneficiary 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.

SIGNATURES

Teaching Staff Member:		

Date	Signature	

Sending Institution:	Christina Bohle, Erasmus-Coordinator (HU Berlin)	

Date	Signature	

Receiving Institution:		

Date	Signature	

ONLY HANDWRITTEN SIGNATURES WILL BE ACCEPTED

¹ **Nationality:** Country to which the person belongs administratively and that issues the ID card and/or passport.

² 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

³ **Country code:** ISO 3166-2 country codes available at: <https://www.iso.org/obp/ui/#search>.

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

Certificates of attendance can be provided electronically or through any other means accessible to the staff member and the sending institution.

ANHANG II LETTER OF CONFIRMATION STAFF MOBILITY FOR TEACHING (STA)

**LASSEN SIE DIESES DOKUMENT AM LETZTEN ARBEITSTAG UNTERSCHREIBEN.
SCHICKEN SIE ES ANSCHLIESSEND PER SCAN AN: erasmus.lehre@hu-berlin.de**

THE RECEIVING INSTITUTION

Name of Institution																					
ERASMUS-Code	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																				

I hereby confirm that

THE TEACHING STAFF MEMBER

Last Name(s)	
First Name(s)	

has taught _____ hours in the framework of the ERASMUS teaching assignment in our institution.

WORK PERIOD! **Excluding travel days**

Start date		End date	
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SIGNATURES

Date		Place	
Stamp	Signature		