

GRANT AGREEMENT FÜR PERSONALMOBILITÄT ZU LEHRZWECKEN (STA)

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

DIENSTREISE

Zielort			
Zielland			
Universität			
Erster Arbeitstag*		Letzter Arbeitstag*	

*ohne Reisetage

HOCHSCHULE ANHALT

ERASMUS-Code	<input type="text" value="D"/> <input type="text" value="K"/> <input type="text" value="O"/> <input type="text" value="T"/> <input type="text" value="H"/> <input type="text" value="E"/> <input type="text" value="N"/> <input type="text" value="0"/> <input type="text" value="1"/>
Anschrift	Bernburger Str. 55, D-06133 Köthen
ECHE	29740-EPP-1-2014-1-DE-EPPKA3-ECHE
Ansprechpartner	ERASMUS-Hochschulkoordinator Christian Lippold
Abteilung Studienjahr	International Office 2018/2019
E-Mail Telefon	christian.lippold@hs-anhalt.de +49 3496 67 5115

DER/DIE TEILNEHMER/IN

Nachname(n)			
Vorname(n)			
Geschlecht			
Staatsangehörigkeit			
Anschrift (Str./PLZ/Ort)			
Telefonnummer			
E-Mail-Adresse			
Fachbereich an der HSA			
Position an der HSA			
Bisherige Lehrtätigkeit in Jahren	<input type="checkbox"/> <10	<input type="checkbox"/> 10-20	<input type="checkbox"/> >20

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

FINANZIERUNGSPLAN [WIRD VOM INTERNATIONAL OFFICE AUGEFÜLLT]

Die/Der Teilnehmer/in 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 Leehrtage		} X EU-Pauschale/Tag		EUR =		EUR
Anzahl zusätzl. Reisetage						
Entfernung laut EU-Rechner		km \triangleq	Fahrtkosten-Pauschale			EUR
Finanzielle Unterstützung gesamt						EUR

Diese Anlagen und Anhänge sind fester Bestandteil des Grant Agreements:

- | | |
|--------------------------|--|
| Anhang I | Mobility Agreement |
| Anhang II | Letter of Confirmation |
| Bericht (digital) | Ausfüll-Aufforderung mit Link erfolgt per E-Mail |
| Anlage I | Infoschreiben |
| Anlage II | Besondere Bestimmungen (Vorrang vor Bestimmungen in Anhängen) |
| Anlage III | Allgemeine Bestimmungen |

UNTERSCHRIFTEN

Die/Der Teilnehmer/in		
Köthen, _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Datum Unterschrift </div>		

Hochschule Anhalt ERASMUS-Hochschulkoordinator
Köthen, _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Datum Unterschrift </div>

ES WERDEN AUSSCHLIESSLICH HANDSCHRIFTLICHE UNTERSCHRIFTEN AKZPTIERT.

ANHANG I MOBILITY AGREEMENT

STAFF MOBILITY FOR TEACHING (STA)

DIESES DOKUMENT IST VON DER GASTUNIVERSITÄT ZU UNTERZEICHNEN UND (ALS SCAN) VOR REISEBEGINN IM INTERNATIONAL OFFICE EINZUREICHEN.

THE TEACHING STAFF MEMBER

Last Name(s)			
First Name(s)			
Sex		Nationality ¹	
E-Mail			
Academic Year	2018/2019		

THE SENDING INSTITUTION³

Name	Hochschule Anhalt / Anhalt University of Applied Sciences		
Address	Bernburger Str. 55, 06366 Köthen		
ERASMUS-Code	D K O T H E N O 1		
Type of Institution: NACE code ²	P 85.42		
Country Code ³	DE	Size of Institution	> 250 employees
Contact Person	ERASMUS-Coordinator Christian Lippold		
Department	International Office		
E-Mail Phone	christian.lippold@hs-anhalt.de +49 3496 67 5115		

THE RECEIVING INSTITUTION

Name											
ERASMUS-Code ⁴											
Faculty/Department											
Contact Person name											
Contact Person position											
E-Mail 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:	Christian Lippold

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"](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)

**DIESES DOKUMENT IST VON DER GASTEINRICHTUNG ZU UNTERZEICHNEN UND
(ALS SCAN) NACH DER REISE IM INTERNATIONAL OFFICE EINZUREICHEN.**

THE RECEIVING INSTITUTION

Name																					
ERASMUS-Code	<table border="1" style="width: 100%; height: 20px; 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! **Yxcluding travel days**

Start date		End date	
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SIGNATURES

Date		Place	
<div style="display: flex; justify-content: space-between; border-top: 1px solid black; margin-top: 10px;"> Stamp Signature </div>			