

**SEMP – Swiss-European Mobility Programme (Erasmus)  
Staff Mobility for Training**

January 2019

**Application Form**

**Please complete the application form and forward to:**

University of Lucerne / International Relations Office / Frohburgstrasse 3 / P.O. Box 4466 / CH-6002 Lucerne  
Phone +41 41 229 53 90 / Email [mobility@unilu.ch](mailto:mobility@unilu.ch)

**1 Staff Member**

<b>FROM University of</b>		<b>Erasmus Code</b>
Name	First Name	Title
Function		
Street/ No.		
ZIP code	City	
Phone		
E-Mail		
Date of Birth	Social Security Number	
Nationality		
Preferred Language	<input type="checkbox"/> German <input type="checkbox"/> Other .....	

**2 Contact Person at Host University**

<b>TO University of</b>		
Erasmus Code of University		
Name	First Name	Title
Function		
Telephone		
E-Mail		

**3 Duration and reason for the exchange (min. 2 days, max. 2 months)**

When does the exchange take place	<input type="checkbox"/> fall semester 20..	<input type="checkbox"/> spring semester 20..
Number of days of your stay	from	to
What are the reasons for the exchange? .....		
During your exchange, is there a substitution arrangement planned at your place of employment?		
<input type="checkbox"/> no (reason) .....		
<input type="checkbox"/> yes (to what extent?) .....		
During your exchange, do you have sufficient insurance cover for health (including pregnancy/ birth), accident and personal liability?		
<input type="checkbox"/> yes, I have checked my insurance cover (in consultation with my superior and/or my insurance)		
<input type="checkbox"/> no (reason): .....		

#### 4 Support

To what extent and in what form are you receiving support from the University of Lucerne or your home university?

.....  
 .....

#### 5 Enclosures

1) For Incomings and Outgoings:

- A short statement (max. ½ A4 page) on your personal and professional motivation regarding this exchange
- Form „Work Plan“

2) Only for Outgoings:

Provisional budget of travel expenses (please write down here):

.....  
 .....

#### 6 Signature

All data is strictly for internal use.

A reimbursement of the allowances paid within this programme is due, if your employment with the University of Lucerne comes to an end within a year after the end of your stay. The reimbursement reduces pro ratio according to the completed months of employment (max. 12 months) after the completion of your stay.

Place and Date

Signature, Staff Member

.....

.....

#### 7 Confirmation by Supervisor at the University of Lucerne

For Incomings and Outgoings:

Supervisor: please write a short explanation why this application for staff exchange should be approved:

.....  
 .....

Place and Date

Signature of Supervisor

.....

.....

Place and Date

Signature, Dean of Faculty or

Signature Vice Rector / Administrative Director

.....

.....

Place and Date

Signature, Human Resources

.....

.....