



Mobility Agreement Staff Mobility For Teaching¹

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

Duration (days) – excluding travel days: **5**.

The teaching staff member

Last name (s)	Wielgomas	First name (s)	Bartosz
Seniority ²	Senior	Nationality ³	Polish
Sex [M/F]	M	Academic year	2017/2018
E-mail	bartek@gumed.edu.pl		

The Sending Institution/Enterprise⁴

Name	Medical University of Gdansk		
Erasmus code ⁵ (if applicable)	PL GDANSK03	Faculty/Department	Pharmacy
Address	M. Skłodowskiej Curie 3A, 80-210 Gdansk	Country/ Country code ⁶	Poland
Contact person name and position	Dawid Spychala Erasmus Office	Contact person e-mail / phone	+48 58 349 12 00 erasmus@gumed.edu.pl
Type of enterprise NACE code ⁷ (if applicable)		Size of enterprise (if applicable)	<input type="checkbox"/> <250 employees <input checked="" type="checkbox"/> >250 employees

The Receiving Institution

Name	South Kazachstan Pharmaceutical Academy	Faculty/Department	Pharmacy
Erasmus code (if applicable)	-		



Address	South-Kazakhstan St Pharmaceutical Acade (SKSPhA) The Republic of Kazal South Kazakhstan reg 160019, Shymkent, A square, 1	Country/ Country code	KAZACHSTAN
Contact person name and position		Contact person e-mail / phone	

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

