

ERASMUS+ KA-171 - STAFF MOBILITY FOR TRAINING AND/OR TEACHING

MINUTES OF THE SELECTION COMMITTEE

This document is an evidence of the mandatory transparency and fairness of the selection procedure, and will be used for auditing purposes only. Please send the scanned and signed copy to erasmuska171@ual.es.

MEMBERS OF THE SELECTION COMMITTEE

NAME	LAST NAME	POSITION	SIGNATURE

All the persons signing above declare absence of conflict of interest in this selection.

Place: _____ Date: _____

1. LINK TO THE CALL Please share the url of the website where the call was published.¹

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2. LIST OF ALL THE APPLICANTS Please list here the names of all the applicants

NAME	LAST NAME

3. MINIMUM REQUIREMENTS TO PARTICIPATE IN THE SELECTION PROCEDURE

Applicants who do not meet these requirements must be excluded. Please add as many more as you want.

MINIMUM REQUIREMENTS
Must be employed at their home university at the time of the mobility

¹ The call must be published on the website of your university. Social networks or e-mails are not enough to fulfill the publicity requirement.

4. LIST OF VALIDATED & EXCLUDED APPLICANTS Please list here the applicants who fulfilled your minimum requirements and therefore can be assessed under section 6. Also, please list here the applicants who did not fulfill the minimum requirements (as stated under point 4), and therefore were excluded from the selection procedure, stating under "Reasons for exclusion" the minimum requirements not met by the applicant.

If all the applicant fulfilled your minimum requirements, simply check this box ☐

NAME	LAST NAME	STATUS OF THE APPLICATION	REASONS FOR EXCLUSION
		Validated/Excluded	
		Validated/Excluded	
		Validated/Excluded	
		Validated/Excluded	
		Validated/Excluded	

5. ASSESSMENT SCALE FOR THE EVALUATION OF VALIDATED APPLICANTS Please state your criteria and their score range (lowest-highest)² for evaluating the validated applicants.

CRITERIA	SCORE

² Sample assessment scale. Feel free to use, modify and expand it according to your own strategy or policy:

JUNIOR (<10)

1

INTERMEDIATE (>10 and <20)

2

SENIOR (>20)

3

C1

1

C2

2

NONE

3

1 TO 5

2

6 OR MORE

1

NOMINATION

6. **LIST OF SELECTED APPLICANTS** Please list the selected applicants from section 6 according to the assessment criteria in section 7.

NAME	LAST NAME	EMAIL ADDRESS	PASSPORT N.	Grant given to applicant: STA (Teaching assignment) or STT (Training)	INCLUSION SUPPORT? ³	SC OR E FO R C R I T E R I A 1	SC OR E FO R C R I T E R I A 2	SC OR E FO R C R I T E R I A 3	SC OR E FO R C R I T E R I A 4	TO TA L
				STA/STT	Yes / No					
				STA/STT	Yes / No					
				STA/STT	Yes / No					

7. **RESERVE LIST** Please list the non-selected applicants from section 6 according to the assessment criteria in section 7.

NAME	LAST NAME	EMAIL ADDRESS	PASSPORT N.	Grant given to applicant: STA (Teaching assignment) or STT (Training)	INCLUSION SUPPORT? ³	SC OR E FO R C R I T E R I A 1	SC OR E FO R C R I T E R I A 2	SC OR E FO R C R I T E R I A 3	SC OR E FO R C R I T E R I A 4	T O T A L
				STA/STT	Yes / No					
				STA/STT	Yes / No					
				STA/STT	Yes / No					
				STA/STT	Yes / No					
				STA/STT	Yes / No					
				STA/STT	Yes / No					
				STA/STT	Yes / No					

³ Please let us know if the applicant qualifies for inclusion support (contact us in case of doubt).

NAME OR LOGO
OF YOUR UNIVERSITY

