**STAFF MOBILITY FOR TRAINING**

**MOBILITY AGREEMENT**

**ERASMUS +**

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

Duration (days) – excluding travel days: …………………………

**The Mobility Staff**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name (s) |  | First name (s) |  |
| Seniority[[1]](#endnote-1) |  | Nationality[[2]](#endnote-2) |  |
| Sex [*M/F*] |  | Academic year |  |
| E-mail |  | | |
| Phone |  | | |

**The Sending Institution/Enterprise**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Erasmus code[[3]](#endnote-3)  (if applicable) |  | Faculty/Department |  |
| Address |  | Country / Country code[[4]](#endnote-4) |  |
| Contact person  name and position |  | | |
| Contact person  e-mail / phone |  | | |
| Type of enterprise |  | | |

**The Receiving Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Erasmus code  (if applicable) |  | Faculty/Department |  |
| Address |  | Country /  Country code |  |
| Contact person name and position |  | | |
| Contact person e-mail / phone |  | | |

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

**Section to be completed BEFORE THE MOBILITY**

#### **I. PROPOSED MOBILITY PROGRAMME**

Number of training hours: …………………

Language of training: ……………………………………

|  |
| --- |
| **Overall objectives of the mobility:** |

|  |
| --- |
| **Added value of the mobility (both for the institutions involved and for the teacher):** |

|  |
| --- |
| **Content of the teaching programme:** |

|  |
| --- |
| **Expected outcomes and impact (e.g. on the professional development of the staff member and on both institutions):** |

**II. COMMITMENT OF THE THREE PARTIES**

By signing[[5]](#endnote-5) this document, the teacher, 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 teacher.

The teacher 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 teacher and receiving institution will communicate to the sending institution/enterprise any problems or changes regarding the proposed mobility programme or mobility period.

|  |
| --- |
| **The teacher**  Name:  Signature: Date: |

|  |
| --- |
| **The sending institution/enterprise**  Name of the responsible person:  Signature: Date: |

|  |
| --- |
| **The receiving institution**  Name of the responsible person:  Signature: Date: |

1. **Seniority:**  Junior (approx. < 10 years of experience), Intermediate (approx. > 10 and < 20 years of experience) or Senior (approx. > 20 years of experience). [↑](#endnote-ref-1)
2. **Nationality:** Country to which the person belongs administratively and that issues the ID card and/or passport. [↑](#endnote-ref-2)
3. **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. [↑](#endnote-ref-3)
4. **Country code**: ISO 3166-2 country codes available at: <https://www.iso.org/obp/ui/#search>. [↑](#endnote-ref-4)
5. Circulating papers with original signatures is not compulsory. Scanned copies of signatures or digital signatures may be accepted, depending on the national legislation. [↑](#endnote-ref-5)