

Mobility Agreement Staff Mobility For Trainingⁱ

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

Duration (days) – excluding travel days:

The Staff Member

Last name (s)		First name (s)	
Seniority ⁱⁱ		Nationality ⁱⁱⁱ	
Sex [M/F]		Academic year	20../20..
E-mail			

The Sending Institution

Name		Faculty/Department	
Erasmus code ^{iv} (if applicable)			
Address		Country/ Country code ^v	
Contact person name and position		Contact person e-mail / phone	

The Receiving Institution / Enterprise^{vi}

Name			
Erasmus code (if applicable)		Faculty/Department	
Address		Country/ Country code	
Contact person, name and position		Contact person e-mail / phone	
Type of enterprise:		Size of enterprise (if applicable)	<input type="checkbox"/> <250 employees <input type="checkbox"/> >250 employees

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

Section to be completed BEFORE THE MOBILITY

I. PROPOSED MOBILITY PROGRAMME

Language of training:

Overall objectives of the mobility:

Added value of the mobility (in the context of the modernisation and internationalisation strategies of the institutions involved):

Activities to be carried out:

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 signingⁱⁱⁱ this document, the staff member, the sending institution and the receiving institution/enterprise 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 staff member.

The 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 staff member and the beneficiary institution commit to the requirements set out in the grant agreement signed between them.

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

The staff member

Name:

Signature:

Date:

The sending institution/enterprise

Name of the responsible person:

Signature:

Date:

The receiving institution

Name of the responsible person:

Signature:

Date: