

STAFF MOBILITY FOR TRAINING¹ MOBILITY AGREEMENT

Planned period of the training activity	ty: from [day/month/year] ti	ll [day/month/year]		
Duration (days) – excluding travel days:				
The Staff Member				
Last name (s)	First name (s)			
Seniority ²	Nationality ³			
Sex [<i>M/F</i>]	Academic year	20/20		
E-mail				
The Sending Institution				
Name	Faculty/Department			
Erasmus code ⁴ (if applicable)				
Address	Country/ Country code ⁵			
Contact person name and position	Contact person e-mail / phone			
The Receiving Institution /	Enterprise ⁶			
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)	□<250 employees □>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 an 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 signing⁷ 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:

Certificates of attendance can be provided electronically or through any other means accessible to the staff member and the sending institution.

¹ In case the mobility combines teaching and training activities, **the mobility agreement for teaching template** should be used and adjusted to fit both activity types.

² **Seniority:** Junior (approx. < 10 years of experience), Intermediate (approx. > 10 and < 20 years of experience) or Senior (approx. > 20 years of experience).

 $^{^3}$ **Nationality:** Country to which the person belongs administratively and that issues the ID card and/or passport.

⁴ **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.

⁵ **Country code**: ISO 3166-2 country codes available at: https://www.iso.org/obp/ui/#search.

⁶ All references to **"enterprise"** are only applicable to mobility for staff between Programme Countries or within Capacity Building projects.

⁷ Circulating papers with original signatures is not compulsory. Scanned copies of signatures or electronic signatures may be accepted, depending on the national legislation of the country of the sending institution (in the case of mobility with Partner Countries: the national legislation of the Programme Country).