

Mobility Agreement Staff Mobility For Training¹

Planned period of the training activi	ity: from [day/month/year] t	ill [day/month/year]	
Duration (days) – excluding t	ravel 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	1	1	
The Sending Institution			
Name	Faculty/Department	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

Overa	all objectives of the mobility:	
	d value of the mobility (in the context of the modernis nationalisation strategies of the institutions involved):	ation and
Activi	ties to be carried out:	
Expec	cted outcomes and impact (e.g. on the professional develorated member and on both institutions):	opment of



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:	

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