

Mobility Agreement for Staff Mobility

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

Duration (days) – excluding travel days:

The Information of Staff Member

Last name (s)		First name (s)	
Seniority		Nationality	
Gender [<i>Male/Female/Undefined</i>]		Academic year	20../20..
E-mail			
Teaching Mobility	<input type="checkbox"/> Yes		
Training Mobility	<input type="checkbox"/> Yes		

The Sending Institution/Enterprise

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

The Receiving Institution

Name		Faculty/Department	
Address			
		Country/ Country code	
Contact person name and position		Contact person e-mail / phone	

Section to be completed BEFORE THE MOBILITY

I. PROPOSED MOBILITY PROGRAMME

Main subject field:

Level (select the main one): Short cycle (EQF level 5) ☐; Bachelor or equivalent first cycle (EQF level 6) ☐; Master or equivalent second cycle (EQF level 7) ☐; Doctoral or equivalent third cycle (EQF level 8) ☐

Number of teaching/training hours:

Language of instruction:

Overall objectives of the mobility:

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

Content of the teaching/training programme:

Expected outcomes and impact (e.g. on the professional development of the staff member and on the competences of students at both institutions):

II. COMMITMENT OF THE THREE PARTIES

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: