**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**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name (s) |  | First name (s) |  |
| Seniority |  | Nationality |  |
| Gender [*Male/Female/Undefined*] |  | Academic year | 20.. /20.. |
| E-mail |  | | |
| Teaching Mobility | Yes | | |
| Training Mobility | 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) | * <250employees * >250employees |

**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**

1. **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):**

1. **COMMITMENT OF THE THREE PARTIES**

Date:

**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: