

# Erasmus+ Mobility Agreement

## Staff Mobility for Training

Planned period of the physical training activity*	From:	To:
Duration*	Days	
If applicable: Planned period of the virtual training activity	From:	To:

\*excluding travel days

### The Staff member

Last name (s)		First name (s)	
Seniority		Nationality	
Gender		Academic year	
E-mail			

### The Sending Institution

Name			
Faculty /Department			
Address			
Country / country code		If applicable: Erasmus code	
Contact person name and position			
Contact person e-mail / phone			

### The Receiving Institution / Enterprise

Name			
Faculty /Department			
Address			
Country / country code		If applicable: Erasmus code	
Contact person name and position			
Contact person e-mail / phone			
If applicable: Size of enterprise	<250 employees	>250 employees	

## Section to be completed BEFORE THE MOBILITY

### I. PROPOSED MOBILITY PROGRAMME

Language(s) of the training:		
Is the mobility part of a blended mobility programme (BIP)?	Yes	No

<b>Overall objectives of the mobility:</b>
<b>Training activity to develop pedagogical and/or curriculum design skills:</b>
<div>Yes      No</div>          
<b>Added value of the mobility (in the context of the modernisation and internationalisation strategies of the institutions involved):</b>
<b>Activities to be carried out:</b>

## II. COMMITMENT OF THE THREE PARTIES

By signing 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 receiving institution**

Name of the responsible person:

Signature:

Date:

**The sending institution** (Supervisor of Staff Member)

Name of the responsible person:

Signature:

Date:

**The sending institution** (Erasmus+ Institutional Coordinator)

Name of the responsible person:

Signature:

Date: