

Higher Education Mobility Agreement form Participant's name

STAFF MOBILITY FOR TRAINING¹ MOBILITY AGREEMENT

MOBILITY AGREE	MENT	
Planned period of the trainingactiv	ity: from [day/month/year] t	ill [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: NACE code ⁷ (if applicable)	Sizeof enterprise (if applicable)	□<250 employees □>250 employees

For guidelines, please look at the end notes on page 3.



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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 internationalisation strategies of the institutions involved):	and
Activities to be carried out:	
Expected outcomes and impact(e.g. on the professional development of staff member and on both institutions):	the



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II. COMMITMENT OF THE THREE PARTIES

By signing⁸ 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 sending 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:		

¹In case the mobility combines teaching and training activities, **themobility 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).

³Nationality: Country to which the person belongs administratively and that issues the ID card and/or passport.

⁴Erasmus 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.

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

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

⁷The top-level NACE sector codes are available at

http://ec.europa.eu/eurostat/ramon/nomenclatures/index.cfm?TargetUrl=LST_NOM_DTL&StrNom=NACE_REV2&StrLanguageCode=EN

⁸Circulating 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).