

STAFF MOBILITY FOR TRAINING MOBILITY AGREEMENT

Planned period of the	training activity: from [day/month/)	<mark>/ear]</mark> till <mark>[day/month/year]</mark>		
Duration (days) – excluding travel days:				
The Staff Member				
Last name (s)	First name (s)			
Seniority ¹	Nationality ²			
Gender [M/F]	Academic year			
E-mail	·	,		
Erasmus+ PROJECT no.	2015-2-HR01-KA107-021514			
Mobility Flow Reference Number (as indicated in the Mobility Flow Plan)				
The Sending Institution				
Name	Faculty/			
Erasmus code or PIC ³	Department			
Address	Country/ Country code ⁴			
Contact person	Contact persor			
name and position	e-mail / phone			
The Receiving Institution				
Name				
Erasmus code or PIC (if applicable)	Faculty/Depart	ment		
Address	Country/ Country code			
Contact person, name and position	Contact person e-mail / phone			
Type of enterprise: NACE code 5 (if applicable)	Size of enterpri (if applicable)	se □<250 employees □>250 employees		

For guidelines, please look at the end notes on page 4



Section to be completed BEFORE THE MOBILITY

PROPOSED MOBILITY PROGRAMME Main subject field of training: Language of training: Overall level of the language of instruction knowledge as of CEFR: Overall objectives of the mobility: Added value of the mobility (in the context of the modernisation and internationalisation strategies of the institutions involved): **Detailed description of activities to be carried out:** Expected outcomes and impact (e.g. on the professional development of the staff member and on both partner institutions):



mobility:		
Sustainability of cooperation and plans fo	or future activities (if any):	
II. COMMITMENT OF THE THREE PARTIES	6	
By signing ⁶ this document, the staff member, the sending confirm that they approve the proposed mobility agreements		
The sending higher education institution supports the internationalisation strategy and will recognise it as a c staff member.		
The staff member will share his/her experience, in partic and on the sending higher education institution, as a sour		
The staff member and the sending institution commit to signed between them.	the requirements set out in the grant agreement	
The staff member and the receiving institution/enterprise problems or changes regarding the proposed mobility pro-		
The staff member		
Name:		
Signature:	Date:	
The sending institution/enterprise	_	
Name of the responsible person:		
·		
Signature:	Date:	

Detailed dissemination plan about achieved results with reference to realized



The receiving institution			
Name of the responsible person (contact person):			
Signature:	Date:		

¹ **Seniority:** Junior (approx. < 10 years of experience), Intermediate (approx. > 10 and < 20 years of experience) or Senior (approx. > 20 years of experience).

² **Nationality:** Country to which the person belongs administratively and that issues the ID card and/or passport.

³ **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. However, institutions in the Partner countries have to register in the EU ECAS to obtain the relevant PIC number

⁴ **Country code**: ISO 3166-2 country codes available at: https://www.iso.org/obp/ui/#search.

⁵ The 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

⁶ 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).