



Mobility Agreement - Staff Mobility for

Teaching (STA) **Training (STT)**

| | | |
|--|------------------------------|----------------------------|
| Planned Period of the Teaching/ Training Activity (excluding travel days) | Start (dd/mm/yyyy) | End (dd/mm/yyyy) |
| Duration (Days) (excluding travel days) | | |

The Teaching/Training Staff Member

| | | | |
|--|---|---------------------------------|--|
| Participant First Name | | Participant Last Name | |
| Participant E-Mail | | Participant Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Undefined |
| Seniority ¹ Teaching experience/ working at university | J < 10 Years I 10 – 20 Years S > 20 Years | Nationality ² | |
| Mobility Type | STA Staff Mobility for Teaching STT Staff Mobility for Training | Academic Year | 20 ____ / 20 ____ |

The Sending Institution

| | | | |
|---|--|--|--|
| Name of Institution | | | |
| Erasmus Code ³ (if applicable) | | Faculty/ Department | |
| Address | | Country | |
| Contact Person: Name and Position | | E-Mail and Phone Number | |
| Public Body | <input type="checkbox"/> Yes <input type="checkbox"/> No | Size of Enterprise (if applicable) | <input type="checkbox"/> <250 employees <input type="checkbox"/> >250 employees |

The Receiving Institution

| | | | |
|---|--|--|--|
| Name of Institution | | | |
| Erasmus Code ³ (if applicable) | | Faculty/ Department | |
| Address | | Country | |
| Contact Person: Name and Position | | E-Mail and Phone Number | |
| Public Body | <input type="checkbox"/> Yes <input type="checkbox"/> No | Size of Enterprise (if applicable) | <input type="checkbox"/> <250 employees <input type="checkbox"/> >250 employees |

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



Section to be Completed BEFORE THE MOBILITY

I. PROPOSED MOBILITY PROGRAMME

| | | | | |
|--|--|------------------------------------|--|---|
| STA: Number of Teaching Hours (min. 8 per working week) | | Level of Teaching | <input type="checkbox"/> Short cycle (EQF level 5) <input type="checkbox"/> Bachelor or equivalent first cycle (EQF level 6) <input type="checkbox"/> Master or equivalent second cycle (EQF level 7) <input type="checkbox"/> Doctoral or equivalent third cycle (EQF level 8) | |
| STA: Field of Education (main subject field) ⁵ | | | Number of Students Benefiting From the Teaching Programme | |
| STT: Type of Staff Training | <input type="checkbox"/> Job Shadowing <input type="checkbox"/> Training <input type="checkbox"/> Workshop <input type="checkbox"/> Other: _____ | | | |
| Working Language at the Host Institution | | Participant Language Level: | A1 B1 C1 | A2 B2 C2 or Native Speaker |
| STT: Training Activity to Develop Pedagogical and / or Curriculum Design Skills: | | | Yes | No |

Overall Objectives of the Mobility

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Added Value of the Mobility

(in the context of the modernisation and internationalisation strategies of the institutions involved)

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Content of the Teaching Programme (STA) / Activities to be Carried Out (STT)

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Expected Outcomes and Impact (e.g. on the professional development of the [teaching] staff member and on the competences of [students at] both institutions):

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II. COMMITMENT OF THE THREE PARTIES

By signing⁶ this document, the teaching staff member, the sending institution / enterprise 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 teaching staff member.

The teaching 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 teaching staff member and the beneficiary institution commit to the requirements set out in the grant agreement signed between them.

The teaching staff member and the receiving institution will communicate to the sending institution / enterprise any problems or changes regarding the proposed mobility programme or mobility period.

| The Teaching/Training Staff Member | | |
|------------------------------------|-----------|-------|
| _____ | _____ | _____ |
| Last Name, First Name | Signature | Date |

| The Sending Institution/Enterprise | | |
|------------------------------------|------------------|-------|
| _____ | _____ | _____ |
| Name of the responsible person | Signature/ Stamp | Date |

| The Receiving Institution/Enterprise | | |
|--------------------------------------|------------------|-------|
| _____ | _____ | _____ |
| Name of the responsible person | Signature/ Stamp | 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.

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

⁵ The [ISCED-F 2013 search tool](http://ec.europa.eu/education/tools/isced-f_en.htm) (available at http://ec.europa.eu/education/tools/isced-f_en.htm) should be used to find the ISCED 2013 detailed field of education and training.

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). Certificates of attendance can be provided electronically or through any other means accessible to the staff member and the sending institution.