

## ANHANG I MOBILITY AGREEMENT STAFF MOBILITY FOR TRAINING (STT)

**DI ESES DOKUMENT IST VON DER GASTUNIVERSITÄT ZU UNTERZEICHNEN UND VOR REISEBEGINN ALS SCAN AN [erasmus.weiterbildung@hu-berlin.de](mailto:erasmus.weiterbildung@hu-berlin.de) ZU SCHICKEN**

### PLANNED PERIOD OF THE TRAINING ACTIVITY

Start date*		End date*	
Duration* (days)		*excluding travel days	

### THE STAFF MEMBER

Last Name(s)			
First Name(s)			
Gender [male/female/undefined]		Nationality <sup>1</sup>	
E-Mail			
Academic Year			

### THE RECEIVING INSTITUTION

Contact Person First Name			
Contact Person Last Name			
Contact Person Position			
E-Mail   Phone			

#### *A. If receiving institution is a UNIVERSITY*

Name of University																							
ERASMUS-Code <sup>2</sup>	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																						
Faculty/Department																							

#### *B. If receiving institution is an ENTERPRISE<sup>3</sup>*

Name of Enterprise			
Public Body	<input type="checkbox"/> YES <input type="checkbox"/> NO	Non-Profit?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Number of Employees below 250?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Type of Organisation <sup>4</sup>	
Legal Address			
City		Country	

### THE SENDING INSTITUTION<sup>4</sup>

Name	Humboldt-Universität zu Berlin		
Address	Unter den Linden 6, D-10099 Berlin		
ERASMUS-Code	D B E R L I N 1 3		
Type of Institution: NACE code <sup>4</sup>	P 85.42		
Country Code	DE	Size of Institution	> 250 employees
Contact Person	Christina Bohle, Erasmus-Coordinator		
Department	International <a href="#">Department</a>		
E-Mail   Phone	christina.bohle@hu-berlin.de   +49 30 2093-46715		

### SECTION TO BE COMPLETED BEFORE THE MOBILITY

#### I. PROPOSED MOBILITY PROGRAMME

Language of training			
Type of Staff Training	Job Shadowing Workshop	Training (incl. language courses) Other (incl. network)	
Training activity to develop pedagogical and/or curriculum design skills:	Yes	No	

Overall objectives of the mobility:
Added value of the mobility (in the context of the modernisation and internationalisation strategies of the institutions involved):
Activities to be carried out:
Expected outcomes and impact (e.g. on the professional development of the staff member and on both institutions):

## 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 will communicate to the sending institution/enterprise any problems or changes regarding the proposed mobility programme or mobility period.

### SIGNATURES

<b>Staff Member</b>		
_____		
Date	Signature	

<b>Sending Institution</b>	Christina Bohle, Erasmus-Coordinator (HU Berlin)
_____	
Date	Signature

<b>Receiving Institution</b>		
_____		
Date	Signature	

**ONLY HANDWRITTEN SIGNATURES WILL BE ACCEPTED.**

<sup>1</sup> **Nationality:** Country to which the person belongs administratively and that issues the ID card and/or passport.

<sup>2</sup> **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.

<sup>3</sup> All references to "**enterprise**" are only applicable to mobility for staff between Programme Countries or within Capacity Building projects.

<sup>4</sup> 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](http://ec.europa.eu/eurostat/ramon/nomenclatures/index.cfm?TargetUrl=LST_NOM_DTL&StrNom=NACE_REV2&StrLanguageCode=EN)

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