**Mobility Agreement - Staff Mobility for Training**

**The staff member**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Last name(s)** |  | **First name(s)** | |  | |
| **Seniority** | Junior (< 10 years of experience)  Intermediate (> 10 and < 20 years of experience)  Senior (approx. > 20 years of experience) | | | | |
| **Nationality** |  | | **Sex** [*M/F/X*] | |  |
| **E-mail** |  | | | | |

**The Sending Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Universidad Autónoma de Madrid (Erasmus code: E MADRID04) | | |
| **Address** | Ciudad Universitaria de Cantoblanco, 28049 Madrid, Spain (ES) | | |
| **Department/Unit** | |  | |
| **Contact person - Head of Department/Unit**  (name / position /e-mail / phone) | | |  |

**The Receiving Organisation**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** |  | | | | | |
| **Erasmus code**  (if applicable) | |  | | **Size of enterprise**  (if applicable) | | <250 employees  >250 employees |
| **Address** |  | | | | **Country** |  |
| **Faculty/Department** | | |  | | | |
| **Contact person** (name / position /e-mail / phone) | | |  | | | |

#### **BEFORE THE MOBILITY**

#### **I. PROPOSED MOBILITY PROGRAMME**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Start and end date of physical training activity** | **From**  [dd/mm/yyyy] | |  | **to** [dd/mm/yyyy] |  |
| *Travel days must not be included in this period. Please indicate the first and last day that the participant needs to be present at the host institution for their Erasmus+ training activities,* | | | | | |
| **Number of training hours** | |  | hours per day /  total hours | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **There will be additional virtual training activities** | | | | | | | |
| **Start and end date of virtual training activity** | | **From**  [dd/mm/yyyy] | |  | | **to** [dd/mm/yyyy] |  | |
| **Number of days with virtual training activity** | | | | | |  |
| **Number of virtual training hours** | | |  | | hours per day /  total hours | | | |

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| --- | --- | --- | --- |
| **Type of training** | Workshop / training course / staff week (or similar)  Erasmus+ BIP  Job shadowing  Individual training  Other | | |
| **Training or course title** |  | | |
| **Language(s) of training** | |  | |
| **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 (including the virtual component, if applicable):** |
| *If applicable, activities during virtual training period:* |
| **Expected outcomes and impact (e.g. on the professional development of the staff member and on the competences of students at both institutions):** |
|  |

**II. COMMITMENT OF THE THREE PARTIES**

By signing this document, the staff member, the sending institution and the receiving organisation 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 their experience, in particular its impact on their professional development and on the sending higher education institution, as a source of inspiration to others.

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **The staff member**  Name: |  | | |
| Date: |  | Signature |
| **The sending institution**  Name of the responsible person:  Position: Head of Department/Unit |  | | |
| Date: |  | Signature |
| **The receiving organisation**  Name of the responsible person: |  | | |
| Date: |  | Signature |

*Electronic signatures are accepted on this document and you are encouraged to use these; an electronic signature can be a scanned signature or a locked PDF signature/other form of secure signature.*