**Mobility Agreement - Staff Mobility for Teaching**

**The Teaching Staff Member**

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

**The Sending** **Organisation**

|  |  |  |  |
| --- | --- | --- | --- |
| **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 Institution**

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| --- | --- |
| **Name**  |  |
| **Erasmus code** (if applicable) |  | **Country** |  |
| **Address** |  |
| **Faculty/Department** |  |
| **Contact person** (name / position /e-mail / phone) |  |

#### **BEFORE THE MOBILITY**

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

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| --- | --- | --- | --- | --- |
| **Start and end date of physical teaching 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+ teaching activities,* |
| **Total number of teaching hours**  |  |
| *A minimum of 8 teaching hours per week (or any shorter period of stay) has to be respected. If the mobility lasts longer than one week, the minimum number of teaching hours for an incomplete week shall be proportional to the duration of that week.* |

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| [ ]  **There will be additional virtual teaching activities** |
| **Start and end date of virtual teaching activity** | **From**[dd/mm/yyyy] |  | **to** [dd/mm/yyyy] |  |
| **Number of days with virtual teaching activity**  |  |
| **Total number of virtual teaching hours**  |   |

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| [ ]  **The mobility is part of an Erasmus+ Blended Intensive Programme (BIP)** |
| **BIP title** |  |
| **BIP website** |  |

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| **Main subject field** (see [ISCED search tool](http://ec.europa.eu/education/tools/isced-f_en.htm)) |  |
| **Level**(select the main one) | [ ]  Bachelor or equivalent first cycle (EQF level 6)[ ]  Master or equivalent second cycle (EQF level 7)[ ]  Doctoral or equivalent third cycle (EQF level 8)  |
| **Number of students at the receiving institution****benefiting from the teaching programme**  |  |
| **Language of instruction** |  |

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| **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 (including the virtual component, if applicable):** |
| *If applicable, teaching programme during virtual period:* |
| **Expected outcomes and impact (e.g. on the professional development of the teaching staff member and on the competences of students at both institutions):** |
|  |

**II. COMMITMENT OF THE THREE PARTIES**

By signing this document, the teaching staff member, the sending organisation and the receiving institution confirm that they approve the proposed mobility agreement.

The sending higher education institution or other organisation 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 their experience, in particular its impact on their professional development and on the sending higher education institution or other organisation, as a source of inspiration to others.

The teaching staff member and the beneficiary organisation 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 organisation any problems or changes regarding the proposed mobility programme or mobility period.

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