

Mobility Agreement - Staff Mobility for Teaching and Training

The Teaching Staff Member

Last name(s)		First name(s)	
Seniority	<input type="checkbox"/> Junior (approx. < 10 years of experience) / <input type="checkbox"/> Intermediate (approx. > 10 and < 20 years of experience) / <input type="checkbox"/> 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

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

BEFORE THE MOBILITY

I. PROPOSED MOBILITY PROGRAMME

Start and end date of <u>physical</u> teaching/training activity	From [dd/mm/yyyy]		to [dd/mm/yyyy]	
<i>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,</i>				
Total number of teaching hours				
<i>In mobilities where the teaching activity is combined with a training activity during a single period abroad, there is a minimum of 4 teaching hours per week (or any shorter period of stay). 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.</i>				
Total number of training hours				

<input type="checkbox"/> There will be additional <u>virtual</u> teaching/training activities				
Start and end date of <u>virtual</u> teaching/training activity	From [dd/mm/yyyy]		to [dd/mm/yyyy]	
		Number of days with virtual teaching/training activity between start and end date		
Total number of virtual teaching hours			Total number of virtual training hours	

Main subject field (see ISCED search tool)			
Level (select the main one)	<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)		

Number of students at the receiving institution benefiting from the teaching programme	
Language of instruction/training	
Training activity to develop pedagogical and/or curriculum design skills:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Overall objectives of the mobility:
Added value of the mobility (in the context of the modernisation and internationalisation strategies of the institutions involved):
Content of the teaching programme (including the virtual component, if applicable):
Content of the training programme (including the virtual component, if applicable):
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.

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.*