**Mobility Agreement**

**Staff Mobility For Training[[1]](#endnote-1)**

**The Staff Member (participant of the mobility)**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name (s) |  | First name (s) |  |
| Seniority[[2]](#endnote-2) |  | Nationality[[3]](#endnote-3) |  |
| Gender [*Male/Female/Undefined*] |  | Academic year |  |
| E-mail |  | | |

**The Sending Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Faculty/Department |  |
| Erasmus code[[4]](#endnote-4)  (if applicable) |  |
| Address |  | Country/ Country code[[5]](#endnote-5) |  |
| Contact person  name and position |  | Contact person e-mail / phone |  |

**The Receiving Institution / Enterprise[[6]](#endnote-6)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | **UNIVERZA V MARIBORU** | | |
| Erasmus code  Or OID code  (n case Erasmus code is  not applicable) | **SI MARIBOR01** | Faculty/Department |  |
| Address |  | Country/ Country code |  |
| Contact person, name and position |  | Contact person e-mail / phone |  |
| Type of enterprise : |  | Size of enterprise  (if applicable) | <250 employees  >250 employees |

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

#### **Section to be completed BEFORE THE MOBILITY**

#### **PROPOSED MOBILITY PROGRAMME**

Planned period of the training activity excluding travel days**:**

From: ………………………………(day/month/year),

Till: ………………………………… (day/month/year),

Duration of the activitys at the receiving institution excluding travel days: ………………….

□ Additional day for travel needed directly before the first day of the activity abroad

□ Additional day for travel needed directly following the last day of the activity abroad

Language of training: ………………………………………

Type of Training (circle accordingly):

□ Training

□ Job Shadowing

□ Workshop

□ Other:…………………………………………

|  |
| --- |
| **Overall objectives of the mobility:** |
| **Activities to be carried out /daily training activities that will be carried out for the participant at the receiving institution:** |
| **Expected outcomes and impact** (e.g. on the professional development of the staff member and on both institutions) with the description of the new knowledge and skills that the participant expects to be able to acquire during the training at the host institution: |
| **Added value of the mobility (in the context of the modernisation and internationalisation strategies of the institutions involved):** |
| **Current digital skills** (circle accordingly)**:**   * Advanced digital skills * Basic digital skills * Not applicable   **Training activity to develop digital skills** (circle accordingly)**:**  Yes ☐ No ☐  If Yes, Description : |
| **Only Pedagogical staff/ Training activity to develop pedagogical and/or curriculum design skills -** (circle accordingly) **:**  Yes ☐ No ☐  If Yes, Description : |

**II. COMMITMENT OF THE THREE PARTIES**

By signing**[[7]](#endnote-7)** 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/enterprise will communicate to the sending institution any problems or changes regarding the proposed mobility programme or mobility period.

|  |
| --- |
| **The staff member**  Name:  Signature: Date: |

|  |  |
| --- | --- |
| **The sending institution:**  Name and surname of Immediate superior:  e-mail:  Signature:  Name and surname of the Erasmus+ coordinator at the Faculty /or Dep. Secretary General for the Rectorate:  Signature:  Name and surname of the responsible person:  Function of the responsible person :  e-mail:  Signature: Stamp: Date: | |
| **The receiving institution**  Name and surname of the responsible person:  Function of the responsible person:  e-mail :  Signature: Stamp: Date: |

1. In case the mobility combines teaching and training activities, **the** **mobility agreement for teaching template** should be used and adjusted to fit both activity types.

   2 **Seniority:** Junior (approx. < 10 years of experience), Intermediate (approx. > 10 and < 20 years of experience) or Senior (approx. > 20 years of experience).

   3 **Nationality:** Country to which the person belongs administratively and that issues the ID card and/or passport.

   4 **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.

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

   6 All refererences to "**enterprise**" are only applicable to mobility for staff between Programme Countries or within Capacity Building projects.

   7 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). [↑](#endnote-ref-1)
2. [↑](#endnote-ref-2)
3. [↑](#endnote-ref-3)
4. [↑](#endnote-ref-4)
5. [↑](#endnote-ref-5)
6. [↑](#endnote-ref-6)
7. [↑](#endnote-ref-7)