**Mobility Agreement**

**Staff Mobility For Training**

Planned period of the training activity: from *[day/month/year]* till *[day/month/year]*

Duration (days) – excluding travel days: ………………….

**The Staff Member**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name (s) |  | First name (s) |  |
| Seniority[[1]](#endnote-1) |  | Nationality[[2]](#endnote-2) |  |
| Gender  [*Male/Female/Undefined*] |  | Academic year | 20../20.. |
| E-mail |  | | |

**The Sending Institution**

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

**The Receiving Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | **Universitat Pompeu Fabra** | Faculty/ Department |  |
| Erasmus code[[3]](#endnote-3)  (if applicable) | **E BARCELO 15** |
| Address | **Ramon Trias Fargas, 25-27  08005 Barcelona** | Country/ Country code[[4]](#endnote-4) | **ES** |
| Contact person  name and position |  | Contact person e-mail / phone |  |

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

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

Language of training: ………………………………………

|  |
| --- |
| **Overall objectives of the mobility:** |
| **Training activity to develop pedagogical and/or curriculum design skills: Yes ☐ No ☐** |
| **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**[[5]](#endnote-5)** 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 of the responsible person:  Signature: Date: |

|  |
| --- |
| **The receiving institution/enterprise**  Name of the responsible person:  Signature: Date: |

1. **Seniority:** Junior (approx. < 10 years of experience), Intermediate (approx. > 10 and < 20 years of experience) or Senior (approx. > 20 years of experience). [↑](#endnote-ref-1)
2. **Nationality:** Country to which the person belongs administratively and that issues the ID card and/or passport. [↑](#endnote-ref-2)
3. **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. [↑](#endnote-ref-3)
4. **Country code**: ISO 3166-2 country codes available at: <https://www.iso.org/obp/ui/#search>. [↑](#endnote-ref-4)
5. Circulating papers with original signatures is not compulsory. [↑](#endnote-ref-5)