**Teaching and Training Agreement for staff**

***Acord de mobilitat del personal per a docència***

**Planned period of physical teaching and training activity: from \_\_\_\_\_\_\_\_ till \_\_\_\_\_\_\_\_ *[day/month/year]***

**Duration for physical mobility (days) – excluding travel days: \_\_\_\_\_\_\_\_  
  
The staff member**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname (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) | | |
| Sex [*M/F/Undefined*] |  | Academic year |  |
| E-mail |  | | |
| Identity number /NIF |  | Nationality[[1]](#footnote-1) |  |

**The sending institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | **Universitat Pompeu**  **Fabra** | Department/unit |  |
| Erasmus code | **E BARCELO 15** |
| Address | **Ramon Trias Fargas, 25-27  08005 Barcelona** | Country/ Country code | **ES** |
| Contact person  name and position | **Sara López Selga *Director of the International Relations*** | Contact person e-mail /Telephone | **uri@upf.edu** |

**The receiving institution / enterprise**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Erasmus code 2  (if applicable) |  | Department/unit |  |
| Address |  | Country/ Country code [[2]](#footnote-2)3 |  |
| Contact person, name and position |  | Contact person e-mail /Telephone |  |
| Size of enterprise  (if applicable): | □ ˂ 250 employees  □ ˃ 250 employees | | |

**Section to be completed BEFORE THE MOBILITY**

1. **PROPOSED MOBILITY PROGRAMME**

**Main subject field4 : ………………….**

**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: ………………**

**Number of teaching hours 5 : …………………**

**Language of instruction and training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **Overall objectives of the mobility:** |
| **Training activity to develop pedagogical and/or curriculum design skills: Yes X No ☐** |
| **Added value of the mobility (in the context of the modernisation and internationalisation strategies of the institutions involved):** |

|  |
| --- |
| **Content of the teaching programme:** |

|  |
| --- |
| **Activities to be carried out:** |

|  |
| --- |
| **Expected outcomes and impact (e.g. on the professional development of the staff member and on the competencces of the students at both institutions):** |

**4**The [ISCED-F 2013 search tool](http://ec.europa.eu/education/tools/isced-f_en.htm) (available at <http://ec.europa.eu/education/tools/isced-f_en.htm>) should be used to find the ISCED 2013 detailed field of education and training.

**5**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. If the teaching activity is combined with a training activity during a single period abroad, the minimum is reduced to 4 teaching hours per week (or any shorter period of stay). There is no minimum number of teaching hours for invited staff from enterprises.

**II. COMMITMENT OF THE THREE PARTIES**

By signing**[[3]](#endnote-1)** 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. **Nationality:** Country to which the person belongs administratively and which issues the ID card and/or passport.

   2 **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. [↑](#footnote-ref-1)
2. 3 **Country code**: ISO 3166-2 country codes available at: <https://www.iso.org/obp/ui/#search> [↑](#footnote-ref-2)
3. 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)