**MOBILITY AGREEMENT**

**STAFF MOBILITY FOR TRAINING**

**The Staff Member**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name(s) |  | First name(s) |  |
| Seniority | **🞏** Junior  (< 10 years of experience)  **🞏** Intermediate  (> 10 and < 20 years of experience)  **🞏** Senior  (> 20 years of experience) | Nationality |  |
| Gender (M/F) |  | Academic year | **20….. / 20…..** |
| E-mail |  | | |

**The Sending Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | **University of Gdansk** | Faculty |  |
| Erasmus code | **PL GDANSK01** | Department |  |
| Address  E-mail | **Erasmus Office**  **(Central Administration)**  PL – 80-309 Gdansk, Bazynskiego 8, [erasmus.eu@ug.edu.pl](mailto:erasmus.eu@ug.edu.pl),  +48 58 523 31 22 | Country  Country code | **PL**  **Poland** |
| Contact person  name and position |  | Contact person e-mail / phone |  |

**The Receiving Institution/Enterprise**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Faculty/Department |  |
| Erasmus code  (if applicable) |  | Size of enterprise | **🞏** small (1-50),  **🞏** medium (51-250)  **🞏**  large (>251) |
| Address |  | Country, Country code |  |
| Contact person’s  name |  | Contact person’s e-mail / phone |  |

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

Planned period of physical training activity **(only working days)**:

from (day - month - year) …… - …… - …… till (day - month - year) …… - …… - ……

If applicable, planned period of virtual training activity:

from (day - month - year) …… - …… - …… till (day - month - year) …… - …… - ……

Duration of physical mobility (days) – excluding travel days: ……………………

1. **PROPOSED MOBILITY PROGRAMME**

Language of training: ………………………………….

Is the mobility a part of a blended mobility programme? **🞏** Yes **🞏** No

|  |
| --- |
| **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 both institutions:** |
|  |

**II. COMMITMENT OF THE THREE PARTIES**

By signing 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.

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| **THE STAFF MEMBER:** |
| Name: ………………………………………………………  Signature: ……………………………………………………… Date: ………………………………………………… |

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| **THE SENDING INSTITUTION** |
| Name of the supervisor: ………………………………………………………  Signature: ……………………………………………………… Date: ………………………………………………… |

|  |
| --- |
| **THE RECEIVING INSTITUTION** |
| Name of the responsible person: ………………………………………………………  Signature: ……………………………………………………… Date: ………………………………………………… |