

Mobility Agreement Staff Mobility For Training¹

Planned period of the trainingactivity: from [day/month/year] till [day/month/year]
Duration (days) – excluding travel days:
The Staff Member

Last name(s)		First name(s)	
Seniority ²		Nationality ³	
Sex [<i>M/F</i>]		Academic year	20/20
E-mail			

The Sending Institution

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

The Receiving Institution / Enterprise⁶

Name		University of Cadiz			
Erasmus code (if applicable)	ES Cadiz 01	Faculty/Department	Oficina de Relaciones Internacionales		
Address	Universidad de Cádiz Plaza Falla, 8 E-11003 Cadiz	Country/ Country code	ES		
Contact person, name and position	Rafael VélezNuñez	Contact person e-mail / phone	secretariado.movint@gm.uca.es		
Type of enterprise:		Sizeof enterprise	□<250 employees		



	(if applicable)	□>250 employees

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



Section to be completed BEFORE THE MOBILITY

I. PROPOSED MOBILITY PROGRAMME

Language of training:
Overall objectives of the mobility:
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 signing⁷ 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 beneficiaryinstitution 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/ente	rprise		
Name of the responsible person:	:		
Signature:		Date:	
The receiving institution			
Name of the responsible person			
Signature:		Date:	

¹ In case the mobility combines teaching and training activities, **themobility 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).

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

⁴Erasmus 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.

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

⁶ All references 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). Certificates of attendance can be provided electronically or through any other means accessible to the staff member and the sending institution.