



STAFF MOBILITY FOR TRAINING MOBILITY AGREEMENT

The Staff Member

Last name		First name	
Seniority ¹		Nationality ²	
Sex [M/F]		Academic year	20...../20.....
E-mail			

The Sending Institution

Name		Size of enterprise ³ (if applicable)	large
Erasmus code (if applicable)	I L-AQUIL01	Department/unit	
Address	Via G. di Vincenzo, 16/c – 67100 L'Aquila	Country Country Code	Italy IT
Contact person name and position	Anna Tozzi Pro Rector for International Relations	Contact person e-mail / phone	uri@univaq.it +39 0862 432769

The Receiving Institution / Enterprise

Name		Size of enterprise ⁴ (if applicable)	
Erasmus code (if applicable)		Department/unit	
Address		Country/ Country code	
Contact person, name and position		Contact person e-mail / phone	
Type of enterprise: NACE code ⁵ (if applicable)			

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



Section to be completed BEFORE THE MOBILITY

I. PROPOSED MOBILITY PROGRAMME

Planned period of the teaching activity: from _____ till _____
[day/month/year] [day/month/year]

Duration (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

Overall objectives of the mobility:
Added value of the mobility (both for the institutions involved and for the staff member):
Activities to be carried out:
Expected outcomes and impact:



II. COMMITMENT OF THE THREE PARTIES

By signing⁶ 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 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: _____
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The sending institution/enterprise Name of the responsible person: Anna Tozzi Signature: _____ Date: _____

The receiving institution 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).

² **Nationality:** Country to which the person belongs administratively and that issues the ID card and/or passport.

³ **Size:** according to the number of staff, the enterprise should be defined as small (1-50), medium (51-250) or large (>251).

⁴ **Size:** according to the number of staff, the enterprise should be defined as small (1-50), medium (51-250) or large (>251).

⁵ The top-level NACE sector codes available at http://ec.europa.eu/eurostat/ramon/nomenclatures/index.cfm?TargetUrl=LST_NOM_DTL&StrNom=NACE_REV2&StrLanguageCode=EN

⁶ Circulating papers with original signatures is not compulsory. Scanned copies of signatures or digital signatures may be accepted, depending on the national legislation.