** **

**MOBILITY AGREEMENT**

**STAFF MOBILITY FOR TRAINING**

Planned period of the teaching activity: from Klicken Sie hier, um Text einzugeben.*[day/month/year]* till Klicken Sie hier, um Text einzugeben.*[day/month/year]*

Duration (days) – excluding travel days: Klicken Sie hier, um Text einzugeben.

**The STAFF MEMBER**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name (s) | Klicken Sie hier, um Text einzugeben. | First name (s) | Klicken Sie hier, um Text einzugeben. |
| Seniority[[1]](#endnote-1) | Klicken Sie hier, um Text einzugeben. | Nationality[[2]](#endnote-2) | Klicken Sie hier, um Text einzugeben. |
| Sex [*f/m/d*] (female/male/undefined) | Klicken Sie hier, um Text einzugeben. | Academic year |   |
| E-mail | Klicken Sie hier, um Text einzugeben. |

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.

**The Sending Institution**

|  |  |
| --- | --- |
| Name  | HS Mainz – University of Applied Sciences |
| Erasmus code (if applicable) | D MAINZ08 | Department/unit | Klicken Sie hier, um Text einzugeben. |
| Address | Lucy Hillebrand-Str. 255128 Mainz, Germany | Country/Country code[[3]](#endnote-3) | DE |
| Contact person name and position | Ms Ulla Plate, Erasmus+ Institutional Coordinator |
| Contact persone-mail / phone | ulla.plate@hs-mainz.de, +49 6131 628-7360 |

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

**The Receiving Institution/Enterprise**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Klicken Sie hier, um Text einzugeben. | Department/unitKlicken oder tippen Sie hier, um Text einzugeben. | Size of Enterprize (if applicable)[ ]  < 250 employees[ ]  > 250 employees |
| Erasmus code (if applicable) | Klicken Sie hier, um Text einzugeben. |
| Address | Klicken Sie hier, um Text einzugeben. | Country/Country code | Klicken Sie hier, um Text einzugeben. |
| Contact personname and position | Klicken Sie hier, um Text einzugeben. | Contact persone-mail / phone | Klicken Sie hier, um Text einzugeben. |

**Section to be completed BEFORE THE MOBILITY**

**I. PROPOSED MOBILITY PROGRAMME**

Language of Training: Klicken Sie hier, um Text einzugeben.

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| **Overall objectives of the mobility:** Klicken Sie hier, um Text einzugeben. |

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| **Training activity to develop pedagogical and/or curriculum design skills:****Yes** [ ]  **No** [ ]  |

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| **Added value of the mobility** (both for the institutions involved and for the teacher):Klicken Sie hier, um Text einzugeben. |

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| **Activities to be carried out:** Klicken Sie hier, um Text einzugeben. |

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| **Expected outcomes and impact** (e.g. on the professional development of the staff member and on both institutions):Klicken Sie hier, um Text einzugeben. |

**II. COMMITMENT OF THE THREE PARTIES**

By signing this document, the staff member, the sending institution and the receiving institution 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 will communicate to the sending institution any problems or changes regarding the proposed mobility programme or mobility period.

|  |  |  |
| --- | --- | --- |
| **The staff member:**Name: Klicken Sie hier, um Text einzugeben.

|  |  |
| --- | --- |
| Date: | Signature: |

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| --- | --- | --- |
| **The sending institution: HS Mainz – University of Applied Sciences**Name of the responsible person: Ulla Plate

|  |  |
| --- | --- |
| Date: | Signature: |

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|  |  |  |
| --- | --- | --- |
| **The receiving institution:** Klicken Sie hier, um Text einzugeben.Name of the responsible person: Klicken Sie hier, um Text einzugeben.

|  |  |
| --- | --- |
| Date: | Signature: |

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1. [↑](#endnote-ref-1)
2. 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 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 of the sending institution. [↑](#endnote-ref-2)
3. [↑](#endnote-ref-3)