



STAFF MOBILITY FOR TRAINING¹

MOBILITY AGREEMENT

Planned period of the training activity: 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 [M/F]		Academic year	2024/2026
E-mail			

The Sending Institution

Name	University of Calabria	Faculty/Department	
Erasmus code ⁴ (if applicable)	I Cosenza01		
Address	Università della Calabria via Pietro Bucci 87036 Arcavacata di Rende, Cs Italy	Country/ Country code ⁵	IT
Contact person name and position		Contact person e-mail / phone	

The Receiving Institution / Enterprise⁶

Name			
Erasmus code (if applicable)		Faculty/Department	
Address		Country/ Country code	
Contact person, name and position		Contact person e-mail / phone	
Type of enterprise:		Size of enterprise (if applicable)	<input type="checkbox"/> <250 employees <input type="checkbox"/> >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.



**Higher Education
Mobility Agreement form**
Participant's name

The staff member and the sending 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/enterprise

Name of the responsible person:

Signature:

Date:

The receiving institution

Name of the responsible person:

Signature:

Date:

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

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

⁴**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.

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

⁶All references to "**enterprise**" are only applicable to mobility for staff between Programme Countries or within Capacity Building projects.

⁷Circulating 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.