**Mobility Agreement**

**Staff Mobility For Teaching**

Planned period of the physical mobility: from *[day/month/year]* to *[day/month/year]*

Duration of physical mobility (days) – excluding travel days: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The teaching staff member**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name (s) |  | First name (s) |  |
| Nationality |  | | |
| Sex [*M/F/Undefined*] |  | Academic year | 20\_\_/20\_\_ |
| E-mail |  | | | |

**The Sending Institution**

|  |  |  |
| --- | --- | --- |
| Name |  | |
| Faculty/Department  (if applicable) |  | |
| Address |  | Country |
| Contact person  name and position |  | Contact person  e-mail / phone |

**The Receiving Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Faculty/Department |  |
| Address |  | Country/ Country code |  |
| Contact person name and position |  | Contact person e-mail / phone |  |

**Section to be completed BEFORE THE MOBILITY**

**I. PROPOSED MOBILITY PROGRAMME**

Main subject field: \_\_\_\_\_\_\_\_\_\_\_\_\_

Language of research: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| **Added value of the mobility (with particular focus to the objectives of the TNE IMP-ACCTS project):** |
| **Theme and main objective of the teach, including how many hours:** |

**II. COMMITMENT OF THE THREE PARTIES**

By signing this document, the teaching staff member, the sending organisation and the receiving institution confirm that they approve the proposed mobility agreement.

The sending higher education institution supports the staff mobility with a focus on the objectives of the TNE IMP-ACCTS project.

The teaching staff member will share their experience, in particular its impact on their professional development and on the sending higher education institution or other organisation, as a source of inspiration to others.

The teaching staff member and the receiving institution will communicate to the sending organisation any problems or changes regarding the proposed mobility programme or mobility period.

|  |
| --- |
| **The teaching staff member**  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **The sending institution**  Name of the responsible person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **The receiving institution**  Name of the responsible person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 beneficiary organisation (in the case of mobility with third countries not associated to the programme: the national legislation of the EU Member State or third country associated to the programme). Certificates of attendance can be provided electronically or through any other means accessible to the staff member and the sending institution