**STAFF MOBILITY FOR TRAINING**

**MOBILITY AGREEMENT**

# Staff Member

|  |  |  |  |
| --- | --- | --- | --- |
| Last name  |   |  |  |
| First name  |   |  |  |
| Gender  | ☐ M  | ☐ F  | Nationality1  |   |
| Seniority2  | ☐ Junior  | ☐ Intermediate  | ☐ Senior  |
| Department/Unit  |   |  |  |
| Position  |   |  |  |
| E-mail  |   |  | Phone  |   |

# Sending Institution

|  |  |  |  |
| --- | --- | --- | --- |
| Name  | Università degli Studi di Sassari  |  |  |
| Address  | Piazza Università 21, 07100 Sassari  |  |  |
| Country  | ITALY  | Country code  | IT  | Erasmus Code  | I SASSARI01  |
| Responsible person3:  |  |  |
| Department/Unit  |   |  |  |
| Name  |   | Position  |  |   |
| E-mail  |   | Phone  |  |   |
| Contact person4:  |  |  |
| Office  | Ufficio Mobilità e relazioni internazionali |  |  |
| Name  | Savio Regaglia  | Position  |  | Head of the Office  |
| E-mail  | relint@uniss.it  | Phone  |  | +39.079229757  |

# Receiving Institution

|  |  |  |  |
| --- | --- | --- | --- |
| Name  |   |  |  |
| Address  |   |  |  |
| Country  |   | Country code |   | Erasmus Code5  |   |
| Responsible person3:  |  |  |
| Department/Unit  |   |  |  |
| Name  |   |  | Position  |  |   |
| E-mail  |   |  | Phone  |  |   |
| Contact person4:  |  |  |
| Office  |   |  |  |
| Name  |   |  | Position  |  |   |
| E-mail  |   |  | Phone  |  |   |

1. Country to which the person belongs administratively and that issues the ID card and/or passport.
2. Junior (approx. < 10 years of experience), Intermediate (approx. > 10 and < 20 years of experience) or Senior (approx. > 20 years of experience).
3. The person in the sending or receiving Department/Unit that can authorize the mobility activity, normally the Head of Department/Unit
4. The person in the Erasmus+ office or other administration office in charge of the Erasmus+ project

5 If available

# PROPOSED MOBILITY PROGRAMME

Planned period of the training activity (not included travel days):

|  |  |
| --- | --- |
| From (day/month/year):  |   |
| Till (day/month/year):  |   |
| Duration[[1]](#footnote-1) (days):  |   |

Type of Staff Training activity (select one or more):

☐ Job Shadowing

☐ Training

☐ Workshop

☐ Other (please specify): ..............................................................................................................................................

Language of training: .......................................................................

☐ Training on pedagogical and curriculum design skills (teaching staff only)

|  |
| --- |
| **Overall objectives of the mobility:**  |
| **Added value in the context of the modernisation and internationalisation strategies of the institutions:**  |
| **Activities to be carried out:**  |
| **Expected outcomes and impact on the professional development of the staff member and on both institutions:**  |

# COMMITMENT OF THE THREE PARTIES

By signing[[2]](#footnote-2) 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 receiving institution 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

Name of the responsible person: ..................................................................................................................................

Department/Unit: ...........................................................................................................................................................

Signature: ............................................................................................... Date: ...................................................

## The receiving institution

Name of the responsible person: ..................................................................................................................................

Department/Unit: ...........................................................................................................................................................

Signature: ............................................................................................... Date: ...................................................

### GUIDELINES

Through the Staff Training Mobility scheme, Erasmus+ offers professional development opportunities for academic and professional services staff to improve the skills required for their current job by participating in training in an another country in Europe.

Training may take the form of:

* A short secondment period
* Job-shadowing
* Attendance at workshops or courses
* Attendance at a staff training week

Training programming could be built around:

* The transfer of knowledge and good practise
* Learning from shared experience
* The acquiring of new practical skills
* To discovery of new ideas for teaching and learning

As well as benefit the individual’s professional development, Erasmus+ Staff Mobility is intended to contribute to the wider Internationalisation and modernisation strategies of the home university.

The agreement must be signed by the three parties in this order:

1. Staff Member
2. Sending institution
3. Receiving Institution

The staff member is strongly recommended to agree on the mobility activities with the receiving organization before submitting the Mobility Agreement.

1. Minimum duration of the activity: 2 days for mobility to Programme Countries; 5 days for mobility to Partner Countries. [↑](#footnote-ref-1)
2. Circulating papers with original signatures is not compulsory. Scanned copies of signatures or digital signatures may be accepted, depending on the national legislation. [↑](#footnote-ref-2)