|  |  |  |
| --- | --- | --- |
|  |  | **Higher Education**  **Mobility Agreement form** |

**STAFF MOBILITY FOR TRAINING - MOBILITY AGREEMENT**

**The Staff Member**

|  |  |
| --- | --- |
| First name: | Last name: |
| Seniority: **Junior/Intermediate/Senior** | Nationality: |
| Gender: | Academic year: **20 /20** |
| E-mail: |

**The Sending Institution**

|  |  |
| --- | --- |
| Full name: **University of Iceland** | Country: **IS** |
| Erasmus code: **IS REYKJAV01** | Department/Unit: |
| Contact person, name and position: | |
| Contact person e-mail: | |

**The Receiving Institution**

|  |  |
| --- | --- |
| Full name: | Country: |
| Erasmus code: | Department/unit: |
| Contact person, name and position: | |
| Contact person e-mail: | |

**I. Proposed Mobility Programme**

|  |  |  |  |
| --- | --- | --- | --- |
| Start date\*: **dd/mm/yy** | End date\*: **dd/mm/yy** | Duration**\*** (days): | Duration (hours): |

**\***Planned period of the training activity (**not including travel days**)

|  |
| --- |
| **Content and objectives and activities to be carried out.**  Describe the content and objective of the mobility and give a day to day agenda of the training.  **For Academic staff**; explain if and how the activities support you developing your pedagogical and/or curriculum design skills. |
|  |

|  |
| --- |
| **Relevance to the objectives of the sending institution.**  Why is this training needed and how will it be useful? |
|  |

|  |
| --- |
| **Learning Outcomes.**  Which competences (i.e. knowledge, skills) are to be acquired/improved with the training? |
|  |

**II. Commitment of the Three Parties**

By signing\*\* this document, the staff member, the sending institution/enterprise and the receiving institution confirm that they approve the proposed mobility agreement.

*\*\* Circulating papers with original signatures is not compulsory. Scanned copies of signatures or digital signatures may be accepted.*

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.

**III. Signatures and dates**

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

The staff member Date

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

The responsible person (contact person) at the sending institution Date

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

The responsible person (contact person) at the receiving institution Date