**STAFF MOBILITY FOR TRAINING (STT)**

**MOBILITY AGREEMENT**

**The Staff Member**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name (s) |  | First name (s) |  |
| Seniority1 |  | Nationality2 |  |
| Sex [*M/F/Undefined*] |  | Dept. or Unit |  |
| E-mail |  | Academic year | **2019/2020** |

**The Sending Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name  Erasmus code | **Universität Trier**  **D TRIER01** | Department | **International Office** |
| Address | **Universitätsring 15**  **54296 Trier** | Country/ Country code3 | **Germany**  **DE** |
| Contact person  name and position | **Birgit Roser**  **ERASMUS Institutional Coordinator** | Contact person  e-mail / phone | [**erasmus-ic@uni-trier.de**](mailto:erasmus-ic@uni-trier.de)  **+49 651 201 2807** |

**The Receiving Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Erasmus code  (for universities) |  | Department/ unit |  |
| Address |  | Country/ Country code3 |  |
| Contact person name and position |  | Contact person e-mail / phone |  |
| Type of enterprise:  NACE code [[1]](#endnote-1)  (for enterprises) |  | Size of enterprise[[2]](#endnote-2)  (for enterprises) |  |

**Planned period of the training activity:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Stay at host  institution from | (day/month/year) | to | (day/month/year) | Duration  (days) |  |
| Additional day for travel needed directly before the first day of the activity abroad  Additional day for travel needed directly following the last day of the activity abroad | | | | | |

#### 1 **Seniority:** Junior (< approx..10 years of experience), Intermediate (> 10 and < 20 years) or Senior ( > 20 years)

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

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

The top-level **NACE-Codes** available at:<http://ec.europa.eu/eurostat/ramon/nomenclatures/index.cfm?TargetUrl=LST_NOM_DTL&StrNom=NACE_REV2&StrLanguageCode=EN>

**Size:** according to the number of staff, the enterprise should be defined as small (1-50), medium (51-250) or large (>251).

**Section to be completed BEFORE THE MOBILITY**

#### **I. PROPOSED MOBILITY PROGRAMME**

|  |  |
| --- | --- |
| Category of Staff | General Administration and Technical Administration  International Office  Finance  Academic Staff  Student Information  Continuing Education  Other |
| Type of Training | Job shadowing  Training  Workshop  Other |
| Language of Training: |  | |
| **Overall objectives of the mobility:** | | | |
|  | | | |
| **Training activity to develop pedagogical and/or curriculum design skills:** | | | |
| Yex  No | | | |
| **Added value of the mobility (in the context of the modernisation and**  **internationalisation strategies of the institutions involved)** | | | |
|  | | | |
| **Activities carried out (or content of the training programme):** | | | |
| Please enclose the detailed programm of the staff training week or the individual workplan. | | | |
| **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 signing 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.

The staff member and the beneficiary institution commit to the requirements set out in the grant agreement signed between them.

The staff member and 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 receiving institution/enterprise**  Name of the responsible person:  Signature: Date: |

|  |
| --- |
| **The sending institution**  Name of the responsible person: **Birgit Roser, ERASMUS Institutional Coordinator**  Signature: Date: |

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

   In case the mobility combines teaching and training activities, **the mobility agreement for teaching**

   **template** should be used and adjusted to fit both activity types. [↑](#endnote-ref-1)
2. [↑](#endnote-ref-2)