**MOBILITY AGREEMENT**

**STAFF MOBILITY FOR TEACHING[[1]](#endnote-1)**

**(PARTNER COUNTRIES, KA 171)**

**The teaching staff member**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name(s) |  | First name(s) |  |
| Seniority | **🞏** Junior  (< 10 years of experience)  **🞏** Intermediate  (> 10 and < 20 years of experience)  **🞏** Senior  (> 20 years of experience) | Nationality[[2]](#endnote-2) |  |
| Gender (M/F) |  | Academic year | 20….. / 20…. |
| E-mail |  | | |

**The Sending Institution / Enterprise[[3]](#endnote-3)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | **University of Gdansk** | Faculty |  |
| Erasmus code | **PL GDANSK01** | Department |  |
| Address  E-mail | **Erasmus Office**  **(Central Administration)**  PL – 80-309 Gdansk, Bazynskiego 8, [erasmus.eu@ug.edu.pl](mailto:erasmus.eu@ug.edu.pl),  +48 58 523 31 22 | Country  Country code | **Poland**  **PL** |
| Contact person’s  name |  | Contact person’s e-mail/phone |  |

**The Receiving Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Faculty |  |
| OID |  | Department |  |
| Address |  | Country, Country code[[4]](#endnote-4) |  |
| Contact person’s  name |  | Contact person’s e-mail/phone |  |

#### For guidelines, please look at the end notes on page 3.

Planned period of physical teaching activity **(only working days)**:

from (day - month - year) …..… - …..… - ……… to (day - month - year) ..…… - …..… - ………

Duration of physical mobility (days) – excluding travel days: ……………………

If applicable, planned period(s) of virtual teaching activity:

from (day - month - year) …..… - …..… - ……… to (day - month - year) ..…… - …..… - ………

#### **Section to be completed BEFORE THE MOBILITY**

1. **PROPOSED MOBILITY PROGRAMME**

Main subject field[[5]](#endnote-5): …….…………………

Level: **🞏** Short cycle (EQF level 5)

**🞏** Bachelor or equivalent first cycle (EQF level 6)

**🞏** Master or equivalent second cycle (EQF level 7)

**🞏** Doctoral or equivalent third cycle (EQF level 8)

The number of students at the receiving institution benefiting from the teaching programme: ………………

Number of teaching hours: …………………

Language of instruction: ……………………….

|  |
| --- |
| **Overall objectives of the mobility:** |
|  |

|  |
| --- |
| **The added value of the mobility (in the context of the modernisation and internationalisation strategies of the institutions involved):** |
|  |

|  |
| --- |
| **Content of the teaching programme (including the virtual component, if applicable):** |
|  |

|  |
| --- |
| **Expected outcomes and impact (e.g. on the professional development of the teaching staff member and on the competencies of students at both institutions):** |
|  |

**II. COMMITMENT OF THE THREE PARTIES**

By signing[[6]](#endnote-6) this document, the teaching staff member, the sending institution/enterprise 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 teaching staff member.

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

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

|  |
| --- |
| **THE TEACHING STAFF MEMBER** |
| Name: ………………………………………………………  Signature: ……………………………………………………… Date: ………………………………………………… |

|  |
| --- |
| **THE SENDING INSTITUTION** |
| I accept the mobility program  Name of Faculty Coordinator: ………………………………………………………  Signature: ……………………………………………………… Date: ………………………………………………… |

|  |
| --- |
| **THE RECEIVING INSTITUTION** |
| Name and position of the responsible person: ………………………………………………………………………………    Signature: ……………………………………………………… Date: …………………………… |

1. In case the mobility combines teaching and training activities, **this template** should be used and adjusted to fit both activity types. [↑](#endnote-ref-1)
2. **Nationality:** Country to which the person belongs administratively and that issues the ID card and/or passport. [↑](#endnote-ref-2)
3. All refererences to "**enterprise**" are only applicable to mobility for staff between EU Member States and third countries associated to the programme or within Capacity Building projects. [↑](#endnote-ref-3)
4. **Country code**: ISO 3166-2 country codes available at: [https://www.iso.org/obp/ui/#search](https://www.iso.org/obp/ui/" \l "search). [↑](#endnote-ref-4)
5. The [ISCED-F 2013 search tool](http://ec.europa.eu/education/tools/isced-f_en.htm) (available at <http://ec.europa.eu/education/tools/isced-f_en.htm>) should be used to find the ISCED 2013 detailed field of education and training. [↑](#endnote-ref-5)
6. 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 sending institution (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. [↑](#endnote-ref-6)