**Mobility Agreement**

**Staff Mobility For Training[[1]](#endnote-1)**

Planned period of the training activity (excluding travel days):

from *[day/month/year]* till *[day/month/year].*

Duration (excluding travel days): ………(in 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

**The Staff Member**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| First name (s) |  | | | | | |
| Last name (s) |  | | | | | |
| Category of  Staff | I-International Office;  F-Finance;  G-General Administration and Technical  S-Student Information ;  C-Continuing Education ; T-Academic Staff ;  O - Other | | | | | |
| Seniority[[2]](#endnote-2) |  | | | | Nationality[[3]](#endnote-3) |  |
| Sex [*M/F*] | M | | | F | Academic year | **2018/2019** |
| Date of birth |  | | | | | |
| Home address |  | | | | | |
| E-mail / Phone |  | | | | | |
| **Financial Support** | | | | | | |
| Number of bank account where the  financial support should be transferred: | | |  | | | |
| Bank name: | |  | | | | |
| Clearing/BIC/SWIFT number: | |  | | | | |
| Account/IBAN number: | |  | | | | |

**The Sending Institution**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | in national language | |  | | |
| English | |  | | |
| PIC code | |  | | Country/ Country code[[4]](#endnote-4) |  |
| Address | |  | | | |
| Department/unit | |  | | | |
| Contact person  name and position | | Name  Position | | | |
| Contact person  (e-mail / phone) | | e-mail  phone | | | |

**The Receiving Institution / Enterprise[[5]](#endnote-5)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | in national language | **Vytauto Didžiojo universitetas** | | |
| English | **Vytautas Magnus University** | | |
| Size of enterprise  (if applicable) | | <250 employees; >250 employees | | |
| Erasmus code  (if applicable) | | **LT KAUNAS01** | Country/ Country code5 | **Lithuania**  **LT** |
| Full address | | **K. Donelaicio g. 58, LT-44248 Kaunas** | | |
| Department/unit | | **International Cooperation Department** | | |
| Contact person  name and position | | Name **Eglė Jnuškevičienė**  Position **Chief specialist** | | |
| Contact person  (e-mail / phone) | | e-mail [egle.januskeviciene@vdu.lt](mailto:egle.januskeviciene@vdu.lt)  phone+370-37-327981 | | |

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

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

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

Language of training: ………………………………………

|  |  |  |
| --- | --- | --- |
| **Type of this staff training (choose one):** | | |
| Job Shadowing  Training | | Workshop  Other |
| **Overall objectives of the mobility:** | | |
|  | | |
| **Training activity to develop pedagogical and/or curriculum design skills:** | | |
| Yes | No | |
| **Added value of the mobility (in the context of the modernisation and internationalisation strategies of the institutions involved):** | | |
|  | | |
| **Activities to be carried out:** | | |
|  | | |
| **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**[[6]](#endnote-6)** 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 the 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 sending institution/enterprise**  Name of the responsible person:  Signature: Date: |

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

1. 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. **Seniority:** Junior (approx. < 10 years of experience), Intermediate (approx. > 10 and < 20 years of experience) or Senior (approx. > 20 years of experience). [↑](#endnote-ref-2)
3. **Nationality:** Country to which the person belongs administratively and that issues the ID card and/or passport. [↑](#endnote-ref-3)
4. **Country code**: ISO 3166-2 country codes available at: <https://www.iso.org/obp/ui/#search>. [↑](#endnote-ref-4)
5. All refererences to "**enterprise**" are only applicable to mobility for staff between Programme Countries or within Capacity Building projects. [↑](#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 Partner Countries: the national legislation of the Programme Country). Certificates of attendance can be provided electronically or through any other means accessible to the staff member and the sending institution. [↑](#endnote-ref-6)