Last name ____

First name _____



Mobility Agreement - Staff Mobility for Training¹

Planned period of physical training activity abroad (without travel days):

From [day/month/year]		till [day/month/year]	
Duration of physical training activity (days) – excluding travel days			

Additional day for travel needed before the first day of the activity abroad.

Additional day for travel needed following the last day of the activity abroad.

If applicable, planned period of virtual training activity abroad:

From [day/month/year]	till [day/month/year]	

The Staff Member

Last name (s)	First name (s)	
Seniority ²	Nationality ³	
Gender [<i>M/F/U</i>]	Academic year	20_ / 20_
E-mail		
Position at home university	Phone	

The Sending Institution

Name	Technical University of Munich		
Faculty/Department			
If any other unit, which one?			
Erasmus code ⁴	D MUNCHEN 02		
Address	Arcisstr. 21 80333 Munich	Country/ Country code⁵	DE
Contact person, name and position	Helen Schoft,Program Manager Erasmus Staff Mobility	Contact person, e-mail and phone	schoft@zv.tum.de, +49.89.289.25351

The Receiving Institution / Enterprise⁶

Name		
Faculty/Department		
Address		
Erasmus code ⁴		Country/
(if applicable)		Country code ⁵
Contact person,		Contact person,
name		e-mail
Contact person,		Contact person,
position		phone
Web page		
Size of enterprise (if a	applicable)	\Box < 250 employees
		\Box >250 employees
Operational area at h	ost institution	

For guidelines, please look at the end notes on page 4.



Participant information

Last name

First name _____



Section to be completed BEFORE THE MOBILITY

I. Proposed mobility programme

Language of training:		
Is the mobility part of a blended mobility programme?	□ Yes	🗌 No
Overall objectives of the mobility:		
Training activity to develop pedagogical and/or cur	riculum des	sign skills:
□ Yes □ No		
Added value of the mobility (in the context of the m	odernisatio	n and internationalisation strat-
egies of the institutions involved):		
Activities to be carried out (including the virtual co	nponent, if	applicable):
	•	· · · · ·
Expected outcomes and impact (e.g. on the profess on both institutions):	ional devel	opment of the staff member and
on both institutions):		

For guidelines, please look at the end notes on page 4.



Last name ____



First name

II. Commitment of the three parties

By signing⁷ 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	Date	
Signature		

The sending institution

Name of the responsible person	Date	
Signature		

For **TUM department / school employees only**: Please contact the <u>TUM International Affairs Delegate</u> of your department / school who must take note of your staff mobility.

Name of International Affairs Delegate	Date	
Signature		

The receiving institution / enterprise

Name of the responsible person	Date	
Signature		



Last name

First name



¹ Adaptations of this template:

- 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.
- In the case of mobility between Programme and Partner Countries, this agreement must be always signed by the staff member, the Programme Country HEI as beneficiary and the Partner Country HEI as sending or receiving organisation. In case of mobility from Partner Country HEIs to Programme Country enterprises the last box should be duplicated to include the signature of the Programme Country HEI (the beneficiary) and the receiving organisation (foursignatures in total).

² **Seniority**: Junior (approx. < 10 years of experience), Intermediate (approx. > 10 and < 20 years of experience) or Senior (approx. > 20 years of experience).

³ Nationality: Country to which the person belongs administratively and that issues the ID card and/or passport.

⁴ **Erasmus Code:** A unique identifier that every higher education institution that has been awarded with the Erasmus Charter for Higher Education receives. It is only applicable to higher education institutions located in Programme Countries.

⁵ **Country code:** ISO 3166-2 country codes available at: https://www.iso.org/obp/ui/#search.

⁶ Any Programme Country enterprise or, more generally, any public or private organisation active in the labour market or in the fields of education, training and youth (training of staff members from Programme Country HEIs in Partner Country non-academic partners is not eligible).

⁷ 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.

