

STAFF MOBILITY FOR TRAINING MOBILITY AGREEMENT (STT)



GENERAL INFORMATION

The Staff Member

Sex <input type="checkbox"/> M <input type="checkbox"/> F	Seniority ¹	Nationality ²
First name(s) /Last name(s)		
Academic year (20../20..)		
Email		

The Sending Institution

Name	
Department/Unit	
Erasmus code	
Address	
Country/ Country Code ³	
Contact person name	Email; Phone

The Recieving Institution/Enterprise

Name	
Department/ Unit	
Size of enterprise ⁴	Type of Enterprise: NACE code ⁵
Erasmus code	
Address	
Country	
Contact person name and Position	Email; Phone

SECTION TO BE COMPLETED BEFORE THE MOBILITY

I. PROPOSED MOBILITY PROGRAMME

Planned period of the training activity: from [day/month/year] _____

till [day/month/year] _____

- ☐ 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



Overall objectives of the mobility:
Added value of the mobility (both for the institutions involved and for the staff member):
Activities to be carried out:
Expected outcomes and impact:

II. COMMITMENT OF THE THREE PARTIES

By signing⁶ 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 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	Email
Date and Signature	

The Sending institution/enterprise

Name of the responsible person
Date and Signature

The Receiving Institution/enterprise

Name of the responsible person
Date and Signature

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

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>.

⁴ **Size:** according to the number of staff, the enterprise should be defined as small (1-50), medium (51-250) or large (>251).

⁵ **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

⁶ Circulating papers with original signatures is not compulsory. Scanned copies of signatures or digital signatures may be accepted, depending on the national legislation.