



Mobility Agreement Staff Mobility For Teaching*

	ng activity: fromtill
Duration (<mark>days</mark>) – excluding t	
The teaching staff member	er
Last name	
First name	
First name	
Seniority*	
Semoney	
Nationality**	
·	
Sex[M/F]	
Academic year	
E-mail	
The sending Institution	
The sending Institution	I.S.S.S.M.C. " G.Braga"
Name	1.3.3.3.Fi.e. Gibraga
Hame	I TERAMO02 —
Erasmus Code***	
Faculty/ Department	
Address	
Contact person (name e	
position)	
Contact person email/phone	erasmus@istitutobraga.it
The Receiving Institution	- Crasimas@istracosragane
Name	
Erasmus Code***	
Faculty/ Department	
Address	
Audiess	
Contact person (name e	
position)	
Contact person e-mail/phone	

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Section to be completed BEFORE THE MOBILITY I. PROPOSED MOBILITY PROGRAMME

	Main subject field****: Level (select the main one): 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); Number of students at the receiving institution benefiting from the teaching programme		
	Overall objectives of the mobility:		
Added value of the mobility (in the context of the modernisation and internationalisation strategies of the institutions involved):			
Content of the teaching programme:			

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

II. COMMITMENT OF THE THREE PARTIES

By signing 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.

Name:		
Signature:	Date:	
The sending institution/enterprise Name of the responsible person:		
Signature:	Date:	
The receiving institution		
Name of the responsible person:		
Signature:	Date:	

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Guidelines

- *In case the mobility combines teaching and training activities, **this template** should be used and adjusted to fit both activity types.
- **Seniority: Junior (approx. < 10 years of experience), Intermediate (approx. > 10 and < 20 years of experience) or Senior (approx. > 20 years of experience).
- ***Nationality: Country to which the person belongs administratively and that issues the ID card and/or passport.
- ******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.
- *****The <u>ISCED-F 2013 search tool</u> (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.
- ******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.

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