

STAFF MOBILITY FOR TRAINING MOBILITY AGREEMENT - PROJECT YEAR:

Participant's name:



Section to be completed BEFORE THE MOBILITY

The Staff Member

Last name (s)					
First name (s)					
Department					
Nationality		Sex	M <input type="checkbox"/>	F <input type="checkbox"/>	Academic year 20____/20____
E-mail				Seniority ¹ years of experience	

The Sending Institution: Hochschule Bremerhaven (D BREMERH01)

Contact person Name & position	Mrs Aleksandra Rupietta Head of International Office ERASMUS Coordinator	Address	An der Karlstadt 8 D-27568 Bremerhaven Germany
E-mail	arupietta@hs-bremerhaven.de	Phone	+49/4714823360

The Receiving Institution/Enterprise²

Name			
Country code ³		Erasmus code ⁴ (if applicable)	
Address		Size of enterprise (if applicable)	<input type="checkbox"/> <250 employees <input type="checkbox"/> >250 employees
Faculty/ Department			
Contact person name & position		E-mail	
		Phone	

I. PROPOSED MOBILITY PROGRAMME

Planned period of the training activity:	
from [day/month/year] _____	till [day/month/year] _____
Duration (days) – excluding travel days: _____	
Language of training: _____	
Training activity to develop pedagogical and/or curriculum design skills:	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

² All references to "enterprise" are only applicable to mobility for staff between Programme Countries or within Capacity Building projects.

³ **Country code:** ISO 3166-2 country codes available at: <https://www.iso.org/obp/ui/#search>.

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.

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Overall objectives of the mobility
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 signing⁵ 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

_____ Staff member's name	_____ Signature	_____ Date
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Hochschule Bremerhaven

_____ Supervisor's name	_____ Signature	_____ Date
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_____ Erasmus coordinator's name	_____ Signature	_____ Date
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The receiving organisation

_____ Responsible person's name	_____ Signature	_____ Date
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⁵ 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.