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| --- | --- |
| **STAFF MOBILITY FOR TRAINING (STT)** Mobility Agreement (Individual Training Programme) | **Academic year****2023/2024** |
|  |  |
| Planned period of **physical** mobility | From (dd/mm/yyyy) | To (dd/mm/yyyy)  |
|  |  |
| If applicable, planned period of the **virtual** component | From *(dd/mm/yyyy)* | To *(dd/mm/yyyy)*  |
|  |
| Duration (days) - total |  | Duration (days) – excluding travel days |  |
|  |  |  |
| **The Staff Member** |
| Last Name |  |
| First Name |  |
| Position |  | Seniority1 | [ ]  < 10 years of experience [ ]  >10 and<20 years of experience[ ]  > 20 years of experience |
| Nationality2 |  | Sex (M/F/Undefined) |  |
| Email |  |
| Faculty/Institute/Dept(if applicable) |  |
| Address (business) |  |
| Telephone, Fax (business) | **+ 48 81 /** |

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| **The Sending Institution** |
| Name | UNIVERSITY OF LIFE SCIENCES IN LUBLIN, Poland (Uniwersytet Przyrodniczy w Lublinie) |
| Erasmus Code3  | PL LUBLIN04 |
| Address  | Akademicka 13, 20-950 Lublin | Country/ Country code4 | POLAND/ PL |
| Institutional Coordinator/Office | Izabela Wolska, MACommunication and International Exchange OfficeAkademicka 15, 20-950 Lublin | E-mail/phone | izabela.wolska@up.lublin.plPhone/Fax: +48 81 445 65 73 |

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| **The Receiving Institution/Enterprise5** |
| Name |  |
| Erasmus Code(if applicable, only for universities) |  |
| Faculty/Department/Unit(if applicable)  |  |
| Address (Street, No, Zip Code, City) |  | Country/ Country code4 |  |
| Type of enterprise:  |  | Size of enterprise(if applicable) | [ ]  < 250[ ]  > 250 |
| Contact Person at the Department(Name, position) |  |
| Contact Person (E-mail/Phone)  |  |

**Section to be completed BEFORE MOBILITY**

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| **I. PROPOSED MOBILITY PROGRAMME (Details of the Individual Training Programme)** |
| Language of Training |  |
| Is the mobility a part of a blended mobility programme? [ ]  Yes [ ]  No |

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| **Overall Objectives of the mobility:**  |

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| **Training activity to develop pedagogical and/or curriculum design skills: Yes ☐ No ☐**  |
| **CONTENT of the training programme i.e. type of the activity-choose only one (i.e., [ ]  practical training, [ ]  work shadowing, [ ]  study visit, [ ]  workshop, [ ]  seminar, [ ]  other, specify ………………..)**  |
| **Activities/tasks to be carried out (if possible: the programme for the period)plus number of training hours, including the virtual component, if applicable)** |
|  |

**\***Minimum **16** hours of training per **5** working days (longer stay – proportionately more hours)

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| **Expected outcomes and impact (e.g. on the professional development of the staff member and on both institutions):** |

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| **Added value of the mobility (for the staff member and in the context of the modernisation and internationalisation strategies of the institutions involved):**  |

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| **II. COMMITMENT OF THE THREE PARTIES** |

By signing this document6, 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 receiving institution/enterprise will communicate to the sending institution any problems or changes regarding the proposed mobility programme or mobility period.

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| **The Staff Member** |
| **Name** | **IMIĘ I NAZWISKO PRACOWNIKA** |
| Date ……………………………………. | Signature …………………………………………… |

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| **The Sending Institution (ULS Lublin)** |
| **Name of the signatory (superior)** | **WPISAĆ IMIĘ I NAZWISKO KIEROWNIKA JEDNOSTKI** |
| Function | **WPISAĆ STANOWISKO** |
| Date …………………………………… | Signature …………………………………………… |
| **Erasmus Institutional Coordinator** | **IZABELA WOLSKA, MA** |
| DateStamp | Signature |

|  |
| --- |
| **The Receiving Institution/Enterprise** |
| **Name of the responsible person:** |  |
| Date …………………………………… | Signature and stamp…………………………………………… |

 **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 **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.

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

5 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).

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