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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **STAFF MOBILITY FOR TEACHING ASSIGNMENTS (STT)**  Erasmus+ Mobility Agreement (Individual Training Programme) | | | | | | | | **Academic year**  **2024/2025** | | | | |
|  | | | | | | | |  | | | | |
| Planned period of the **physical** mobility | | | From (the first day of physical mobility – only working days) | | | To (the last day of physical mobility – only working days) | | | | |
| If applicable, planned period of the virtual component | | | From *(dd/mm/yyyy)* | | | To *(dd/mm/yyyy)* | | | | |
| Duration (days) - total | | | 7 | Duration of physical mobility (days) – excluding travel days | | | | | 5 | |
|  | |  | | | | | | | | |  | |
| **The staff member** | | | | | | | | | | | | |
| Last Name (s) | | |  | | | | | | | | | |
| First Name (s) | | |  | | | | | | | | | |
| Position | | |  | | | Seniority1 | | | < 10 years of experience  >10 and<20 years of experience  > 20 years of experience | | | |
| Nationality2 | | |  | | | Sex (Male/Female/  Undefined) | | |  | | | |
| Email | | |  | | | | | | | | | |
| Faculty/Institute/Dept  (if applicable) | | |  | | | | | | | | | |
| Address (business) | | |  | | | | | | | | | |
| Telephone, Fax (business) | | |  | | | | | | | | | |

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| **The Sending Institution/Enterprise**3 | | | | |
| Name |  | | | |
| Erasmus Code4 /OID |  | | | |
| Faculty /Department/Unit |  | | | |
| Address |  | Country/  Country code5 | |  |
| Contact Person at the Department  (Name, position) |  | E-mail/phone |  | |
| Type of enterprise: | university | Size of enterprise  (if applicable) | < 250  > 250 | |

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| **The Receiving Institution** | | | |
| Name | UNIVERSITY OF LIFE SCIENCES IN LUBLIN, Poland  (Uniwersytet Przyrodniczy w Lublinie) | | |
| Erasmus Code5  (if applicable) | PL LUBLIN04 | | |
| Faculty/Department/Unit  (if applicable) |  | | |
| Address  (Street, No, Zip Code, City) | Akademicka 13, 20-950 Lublin | Country/  Country code5 | POLAND/ PL |
| Erasmus+ Institutional coordinator | Izabela Wolska, MA  International Exchange Office  Akademicka 15, 20-950 Lublin | | |
| (E-mail/Phone) | [izabela.wolska@up.lublin.pl](mailto:izabela.wolska@up.lublin.pl) / Phone/Fax: +48 81 445 | | |

**Section to be completed BEFORE MOBILITY**

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| --- | --- | --- |
| **I. PROPOSED MOBILITY PROGRAMME (Details of the Individual Training Programme)** | | |
| Language of training |  |

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| --- |
| **Overall Objectives of the mobility:** |
| **Activities to be carried out (including the virtual component, if applicable):** |

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| --- |
| **Expected outcomes and impact (not limited to the number of students concerned; e.g. on the professional development of the teaching staff member and on the competences of students at both institutions):** |

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

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

By signing7 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.

|  |  |
| --- | --- |
| **The Staff Member** | |
| **Name** |  |
| Date …………………………………… | Signature …………………………………………… |

|  |  |
| --- | --- |
| **The Sending University** | |
| **Name of the signatory (superior)** |  |
| Function |  |
| Date …………………………………… | Signature …………………………………………… |
| **Name of the responsible person** |  |
| Date  Stamp |  |

|  |  |
| --- | --- |
| **The Receiving University (ULSL)** | |
| **Erasmus+ Institutional Coordinator:**  **Stamp of the university:** |  |
| 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.

3Any Programme or Partner Country enterprise or, more generally, any public or private organisation active in the labour market or in the fields of education, training and youth

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 The [ISCED-F 2013 search tool](http://ec.europa.eu/education/tools/isced-f_en.htm) 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 that is to the subject taught.

7 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.