**Erasmus+ Mobility Agreement/Staff Mobility for Teaching**

**Planned period of the phyfical mobility (**Please indicate the period that covers 5 consecutive working days at the receiving institution):

|  |  |  |  |
| --- | --- | --- | --- |
| **From (day/month/year)** |  | **To (day/month/year)** |  |

**Duration (days) excluding travel days: 5**

**The teaching staff member**

|  |  |  |
| --- | --- | --- |
| **Name (as in passport):** | **Surname (as in passport):** | |
| **DNI/NIE (for participants from Spain) or passport (for participants from other countries):** | | |
| **Date of birth** | **Sex [*Male/Female/Undefined*]** | |
| **Place of birth** | **Nationality0** |  |
| **Seniority[[1]](#footnote-2)** | **Academic year during which mobility  will be carried out:** | |
| **E-mail** | **Telephone** | |

**The sending Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | **Erasmus Code[[2]](#footnote-3)**  (if applicable) |  |
| Faculty/Department |  |
| Address |  | Country/ Country code |  |
| Contact Person[[3]](#footnote-4) |  | Position e-mail / phone |  |

**The Receiving Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | **Universitat Pompeu Fabra** | Faculty/ Department |  |
| Erasmus code | **E BARCELO 15** |
| Address | **Ramon Trias Fargas, 25-27  08005 Barcelona** | Country/ Country code | **ES** |
| Contact person  name and position | **Sara López Selga *Director of the International*** | Contact person e-mail / phone | **uri@upf.edu** |

**Section to be completed BEFORE THE MOBILITY**

#### **I. PROPOSED MOBILITY PROGRAMME**

**Main Subject Field[[4]](#footnote-5):**………………….

**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**: ………………

**Number of teaching hours** (minimum 8hrs if it´s a mobility for teaching, minimum 4 hrs if it´s mobility for teaching and training): …………………

**Language of instruction**: ………………………………………

|  |
| --- |
| **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:** |

|  |
| --- |
| **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.

|  |
| --- |
| **Teaching staff member**  Full name:  Signature: Date: |

|  |
| --- |
| **Sending institution**  Organization name:  Person Responsible[[5]](#footnote-6)  Position:  Signature: Date: |

|  |
| --- |
| **Receiving institution**  Person Responsible[[6]](#footnote-7):  Position:  Signature: Date: |

*[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 beneficiary institution. Certificates of attendance can be provided electronically or through any other means accessible to the staff member and the sending institution.]*

1. 0 Nationality:Country to which the person belongs administratively and that issues the ID card and/or passport.

   Seniority: Junior (up to 10 years of experience), Intermediate (between 10 and 20 years of experience) or Senior (more than 20 years of experience) [↑](#footnote-ref-2)
2. Erasmus codes UPF is EBARCELO15. Non- European Institutions do not have Erasmus codes, so leave the field empty. [↑](#footnote-ref-3)
3. Person who provides administrative information and who, depending on the structure of the higher education institution, may be the departmental coordinator or works at the international relations office or equivalent body within the institution. [↑](#footnote-ref-4)
4. Codes are available in [here](https://www.upf.edu/documents/213870637/0/ISCED-2013-Fields-of-education+FOR+THE+MOBILITY+AGREEMENT.pdf/0e90f087-6994-a906-cc8d-6af26c07f26e?t=1676375113941) [↑](#footnote-ref-5)
5. Dean of Faculty, Head of Department/Research Group or equivalent body to which the academic is affiliated at the sending institution. [↑](#footnote-ref-6)
6. Dean of Faculty, Head of Department/Research Group or the academic that hosts the visit at the receiving institution. [↑](#footnote-ref-7)