

Allegato C

Erasmus+ Mobility Agreement

Staff Mobility for Training¹

Planned period of the physical mobility: from [day/month/year] to [day/month/year]

Duration (days) – excluding travel days:

If applicable, planned period of the virtual component: from [day/month/year] to [day/month/year]

The Staff Member

Last name (s)		First name (s)	
Seniority ²		Nationality ³	
Sex [M/F]		Academic year	2024/2025
E-mail			

The Sending Institution

Name	Università per Stranieri di Siena	Department/Office	
Erasmus code (if applicable)	I SIENA02		
Address	Piazza Carlo Rosselli, 27-28	Country/ Country code ⁴	ITALY
Contact person name and position	Dr. Elisa TRASTULLO ERASMUS Officer	Contact person e-mail / phone	erasmus@unistrasi.it

The Receiving Institution

Name			
Erasmus code (if applicable)		Faculty/Department	
Address		Country/ Country code	
Contact person, name and position		Contact person e-mail / phone	
Type of enterprise:		Size of enterprise (if applicable)	<input type="checkbox"/> <250 employees <input type="checkbox"/> >250 employees

For guidelines, please look at the end notes on page 3.

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

Language of training:

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 (including the virtual component, if applicable):
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

Name:

Signature:

Date:

The sending institution

Name of the responsible person at the Department/Unit:

Signature:

Date:

Name of the Erasmus Coordinator – Prof. Liana Tronci

Signature:

Date:

The receiving institution

Name of the responsible person:

Department/Unit:

Signature:

Date:

¹ In case the mobility combines teaching and training activities, **the mobility agreement for teaching template** should be used and adjusted to fit both activity types.

² **Seniority:** Junior (approx. < 10 years of experience), Intermediate (approx. > 10 and < 20 years of experience) or Senior (approx. > 20 years of experience).

³ **Nationality:** Country to which the person belongs administratively and that issues the ID card and/or passport.

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

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 third countries not associated to the programme: the national legislation of the EU Member State or third country associated to the programme). Certificates of attendance can be provided electronically or through any other means accessible to the staff member and the sending institution.