**STAFF MOBILITY AGREEMENT FOR TRAINING**

**ERASMUS NON-EU 2023-2024**

**Visiting St Patrick’s Pontifical University**

**The Staff Member**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name(s)  (as on passport) |  | First name(s)  (as on passport) |  |
| Title |  | Seniority[[1]](#endnote-1) | Choose an item. |
| Gender | Choose an item. | Nationality[[2]](#endnote-2) |  |
| E-mail |  | Academic year | 2023/2024 |
| Passport number |  | Date of birth |  |
|  | | Place of birth  (as on passport) |  |

**The Sending Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Country |  |
| Department/unit/  Faculty |  | | |
| Name + position contact person |  | Contact person e-mail |  |

**The Receiving Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | St. Patrick's Pontifical University | Size of enterprise | Small |
| Erasmus code  Organisation ID | IRLKILDARE01 | Department/unit/  faculty |  |
| Address | [St Patrick’s Pontifical University, Maynooth, Co. Kildare, W23 TW77](https://sppu.ie/) | Country code | IRL |
| Name + position contact person[[3]](#endnote-3) |  | | |

For guidelines, please look at the end notes

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

First day of the training activity: …/…/……… (DD/MM/YYYY)

Last day of the training activity: …/…/……… (DD/MM/YYYY)

Total number of days: ………………… (excluding travel days)

Travel days:

Check if additional travel day before the first activity day abroad is required

Check if additional travel day following the last activity day abroad is required

Language of instruction: ......................................

|  |
| --- |
| **Overall objectives of the mobility:** |
| **Training activity to develop pedagogical and/or curriculum design skills:**  **Yes ☐ No ☐** |
| **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 involved):** |

**II. COMMITMENT OF THE THREE PARTIES**

By signing**[[4]](#endnote-4)** 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 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: |

|  |
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| **The sending institution/enterprise**  Name of the responsible person[[5]](#endnote-5):  Signature:    Date: |

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| --- |
| **The receiving institution**  Name of the responsible person:  Signature:    Date: |

1. **Seniority:**  Junior (approx. < 10 years of experience), Intermediate (approx. > 10 and < 20 years of experience) or Senior (approx. > 20 years of experience). [↑](#endnote-ref-1)
2. **Nationality:** Country to which the person belongs administratively and that issues the ID card and/or passport. [↑](#endnote-ref-2)
3. Head of the department/unit or person in charge. [↑](#endnote-ref-3)
4. Circulating papers with original signatures is not compulsory. Scanned copies of signatures or digital signatures may be accepted, depending on the national legislation. [↑](#endnote-ref-4)
5. Head of the department/unit or person in charge. [↑](#endnote-ref-5)