Erasmus+ Mobility Agreement
Staff Mobility For Training[1]

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

Duration of physical mobility (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/Undefined*]		Academic year	2025/2026
E-mail			

The Sending Institution

Name		Faculty/Department	
Erasmus code[4] (if applicable)			
Address		Country/ Country code[5]	
Contact person name and position		Contact person e-mail / phone	

[1] Adaptations of this template:

- 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.
- In the case of mobility between higher education institutions (HEIs), this agreement must always be signed by the staff member, the sending and the receiving HEI (three signatures in total).
- In the case of incoming mobility of higher education staff to an organisation, this agreement must be signed by the participant, the beneficiary organisation, the sending HEI and the organisation receiving the staff member (four signatures in total). An additional space should be added for signature of the beneficiary organisation organising the mobility.

[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] **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 EU Member States and third countries associated to the programme.

[5] **Country code**: ISO 3166-2 country codes available at: https://www.iso.org/obp/ui

The Receiving Organisation

Name	**University of L'Aquila**		
Erasmus code (if applicable)	**I LAQUI01**	Faculty/Department (if applicable)	**IRO**
Address	P.za S. Margherita 2, L'Aquila, 67100 Italy	Country/ Country code	**Italy**
Contact person, name and position	Fausta Ludovici HEAD of IRO	Contact person e-mail / phone	Credit.mobility@strutture.univaq.it
Type of organisation:	HEI	Size of organisation (if applicable)	☐<250 employees ☐≥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: English

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): Training in advanced digital skills: Yes ☐ No ☐

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 signing[6] this document, the staff member, the sending institution and the receiving organisation 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 their experience, in particular its impact on their professional development and on the sending higher education institution, as a source of inspiration to others.

The staff member and the beneficiary organisation commit to the requirements set out in the grant agreement signed between them.

The staff member and the receiving organisation 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:

Signature: Date:

The receiving organisation

Name of the responsible person:

[6] 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 (in the case of mobility with third coutnries 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.

Signature:	Date: