

# Erasmus+ Mobility Agreement Staff Mobility For Training<sup>1</sup>

#### The Staff Member

Last name (s)	First name (s)	
Seniority <sup>2</sup>	Nationality <sup>3</sup>	Filipino
Sex [M/F/Undefined]	Academic year	2025/2026
E-mail		

### **The Sending Institution**

Name	Ateneo de Manila University	Faculty/Department	
Erasmus code <sup>4</sup> (if applicable)	PH ATENEO01		
Address	Rm 304 3/F Faber Hall, Katipunan Avenue Loyola Heights	Country	Philippines
Contact person name and position	KARLA C. ROXAS - Director for International	Contact person e-mail / phone	kroxas@ateneo.e du

<sup>&</sup>lt;sup>1</sup> 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).
- <sup>3</sup> **Nationality:** Country to which the person belongs administratively and that issues the ID card and/or passport.
- <sup>4</sup> **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.

Erasmus code for UC3M is EMADRID14

Mobility, Office of	+63 2 8426 6001
the Assistant Vice	ext. 4036
President for	
University	
Partnerships and	
Internationalization	
(OAVP-UPI)	

## **The Receiving Organisation**

Name		
Erasmus code <sup>5</sup> (if applicable)	Faculty/Department (if applicable)	
Address	Country	
Contact person, name and position	Contact person e-mail / phone	
Type of organisation:	Size of organisation (if applicable)	□<250 employees □≥250 employees

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

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 $<sup>^{\</sup>rm 5}$  Erasmus codes (OID) for Partner Institutions are :



# **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):



Higher Education: Erasmus+ Mobility Agreement form Participant's name

#### II. COMMITMENT OF THE THREE PARTIES

By signing.<sup>6</sup> 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 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.

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:				
Signature:	Date:			

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<sup>&</sup>lt;sup>6</sup> 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 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.

<sup>&</sup>lt;sup>7</sup> **Contact person**: 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. In UC3M the contact person is Cleo Navarro Gala, Administrative Coordinator of the Erasmus + KA171 programme. Tel. +34 91 624 86 58 – erasmuska171@uc3m.es