Erasmus+ Mobility Agreement Staff Mobility For Training[1] KA131-HED-0064/2025-STTXX

Planned period of the physical mobility: from ***DD/MM/YYYY*** to ***DD/MM/YYYY***

Duration of physical mobility (days) – excluding travel days: **X 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			

Consortium Coordinator

Name	**Skupnost višjih strokovnih šol Republike Slovenije (Skupnost VSŠ)**		
Accreditation Code and OID	**AKR-HE-2025-1-SI01-KA130-HED-000315264 OID: E10068464**	Faculty/ Department	**n/a**
Address	**Mariborska cesta 2, SI-3000 Celje**	Country/ Country code[4]	**Slovenia (SI)**
Contact Person name and position	**Nejc Gajšek, Erasmus Consortium Coordinator**	Contact person e-mail / phone	**nejc.gajsek@skupnost-vss.si; +38664171710**

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

The Sending Institution (Consortium Member)

Name		Faculty/Department	
Erasmus code[5] (if applicable)			
Address		Country/ Country code[6]	**Slovenia (SI)**
Type of organi	**Higher Vocational College**	Size of organisation (if applicable)	☒**<250 employees** ☐≥250 employees

The Receiving Organisation

Name			
Erasmus (if applicab		Faculty/Departmer (if applicable)	**n/a**
Address		Country/ Country code	
Contact name ar position		Contact person e-mail / phone	
Type of organisa		Size of organisatic (if applicable)	

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

[5] **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.

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

Section to be completed BEFORE THE MOBILITY

I. PROPOSED MOBILITY PROGRAMME

Language of training: **x**

Is the mobility a part of a blended mobility programme? **Yes/No**

Overall objectives of the mobility: **xx**
Added value of the mobility (in the context of the modernisation and internationalisation strategies of the institutions involved): **xx**
Training activity to develop pedagogical skills : **xx**
Activities to be carried out (including the virtual component, if applicable): Training in advanced digital skills: **Yes/No** **xx**
Expected outcomes and impact (e.g. on the professional development of the staff member and on both institutions): **xx**

II. COMMITMENT OF THE FOUR PARTIES

By signing[7] this document, the staff member, the sending institution, the receiving institution/enterprise and the Consortium Coordinator 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 Consortium Coordinator 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 and the Consortium Coordinator any problems or changes regarding the proposed mobility programme or mobility period.

The staff member Name: **xx**

[7] 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 Partner Countries: the national legislation of the Programme Country). Certificates of attendance can be provided electronically or through any other means accessible to the staff member and the sending institution.

Signature: Date:
Consortium Coordinator Name of the responsible person: **Miha Zimšek, Secretary General** Signature: Date:
Sending institution (Consortium Member) Name of the responsible person: **xx** Signature: Date:
Receiving institution/enterprise Name of the responsible person: **xx** Signature: Date: