

Mobility Agreement - Staff Mobility for Teaching

The Teaching Staff Member

Last name(s)		First name(s)	
Seniority	<input type="checkbox"/> Junior (approx. < 10 years of experience) / <input type="checkbox"/> Intermediate (approx. > 10 and < 20 years of experience) / <input type="checkbox"/> Senior (approx. > 20 years of experience)		
Nationality		Sex [M/F/X]	
E-mail			

The Sending Organisation

Name	Ateneo De Manila University	Erasmus code	PHATENEO01
Address	Rm 304 3/F Faber Hall, Katipunan Avenue Loyola Heights		
Department/Unit			
Contact person - Head of Department/Unit (name / position / e-mail / phone)	KARLA C. ROXAS - Director for International Mobility, Office of the Assistant Vice President for University Partnerships and Internationalization (OAVP-UPI) kroxas@ateneo.edu +63 2 8426 6001 ext. 4044		

The Receiving Institution

Name	Universidad Autónoma de Madrid		
Erasmus code (if applicable)	EMADRID04	Country	Spain
Address	Ciudad Universitaria de Cantoblanco, 28049 Madrid, Spain (ES)		
Faculty/Department			
Contact person (name / position / e-mail / phone)			

BEFORE THE MOBILITY

I. PROPOSED MOBILITY PROGRAMME

Start and end date of physical teaching activity	From [dd/mm/yyyy]		to [dd/mm/yyyy]	
<i>Travel days must not be included in this period. Please indicate the first and last day that the participant needs to be present at the host institution for their Erasmus+ teaching activities,</i>				
Total number of teaching hours				
<i>A minimum of 8 teaching hours per week (or any shorter period of stay) has to be respected. If the mobility lasts longer than one week, the minimum number of teaching hours for an incomplete week shall be proportional to the duration of that week.</i>				

<input type="checkbox"/> There will be additional virtual teaching activities				
Start and end date of virtual teaching activity	From [dd/mm/yyyy]		to [dd/mm/yyyy]	
		Number of days with virtual teaching activity		
Total number of virtual teaching hours				

<input type="checkbox"/> The mobility is part of an Erasmus+ Blended Intensive Programme (BIP)	
BIP title	
BIP website	

Main subject field (see ISCED search tool)	
Level (select the <u>main</u> one)	<input type="checkbox"/> Bachelor or equivalent first cycle (EQF level 6) <input type="checkbox"/> Master or equivalent second cycle (EQF level 7) <input type="checkbox"/> Doctoral or equivalent third cycle (EQF level 8)

Number of students at the receiving institution benefiting from the teaching programme	
Language of instruction	
Overall objectives of the mobility:	
Added value of the mobility (in the context of the modernisation and internationalisation strategies of the institutions involved):	
Content of the teaching programme (including the virtual component, if applicable):	
<p><i>If applicable, teaching programme during <u>virtual</u> period:</i></p>	
Expected outcomes and impact (e.g. on the professional development of the teaching staff member and on the competences of students at both institutions):	

II. COMMITMENT OF THE THREE PARTIES

By signing this document, the teaching staff member, the sending organisation and the receiving institution confirm that they approve the proposed mobility agreement.

The sending higher education institution or other organisation 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 teaching staff member.

The teaching staff member will share their experience, in particular its impact on their professional development and on the sending higher education institution or other organisation, as a source of inspiration to others.

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

The teaching staff member and the receiving institution will communicate to the sending organisation any problems or changes regarding the proposed mobility programme or mobility period.

The teaching staff member Name:	Date: Signature
The sending organisation Name of the responsible person: Ma. Cristina M. Alikpala, M.A. Assistant Vice President for University Partnerships and Internationalization	Date: Signature
The receiving institution Name of the responsible person:	Date: Signature

Electronic signatures are accepted on this document and you are encouraged to use these; an electronic signature can be a scanned signature or a locked PDF signature/other form of secure signature.