

## STAFF MOBILITY FOR TRAINING MOBILITY AGREEMENT

Planned period of the training activity: .....

Duration (days) – excluding travel days: .....

### The Staff Member

Last name (s) / Family name		First name (s)	
Seniority <sup>1</sup>		Nationality <sup>2</sup>	
Sex [M/F]		Academic year	2017/2018
E-mail			

### The Sending Institution – UNIVERSITY OF BUCHAREST

Name	<b>University of Bucharest</b>	Faculty / Department	
Erasmus code <sup>3</sup> (if applicable)	<b>RO BUCURES09</b>		
Address	36-46, bd. Mihail Kogalniceanu, 050107, Bucharest	Country/ Country code <sup>4</sup>	<b>Romania - RO</b>
Contact person name and position	Alina CRISTOVICI, Director International Relations Department & Erasmus Institutional Coordinator	Contact person e-mail / phone	Alina.cristovici@erasmus.unibuc.ro +4 021 307 73 24 +4 021 307 73 83

### The Receiving Institution

Name			
Erasmus code		Faculty / Department	
Address		Country/ Country code	
Contact person, name and position		Contact person e-mail / phone	

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: .....

<b>Overall objectives of the mobility:</b>
<b>Added value of the mobility (in the context of the modernisation and internationalisation strategies of the institutions involved):</b>
<b>Activities to be carried out:</b>
<b>Expected outcomes and impact (e.g. on the professional development of the staff member and on both institutions):</b>

### II. COMMITMENT OF THE THREE PARTIES

By signing<sup>5</sup> 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 the sending institution 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 any problems or changes regarding the proposed mobility programme or mobility period.

#### The staff member

Name: Signature:

Date:

#### The sending institution – UNIVERSITY OF BUCHAREST (RO BUCURES09)

Name of the responsible person (head of unit):

Signature:

Date:

#### The receiving institution -

Name of the responsible person:

Signature:

Date:

<sup>1</sup> **Seniority:** Junior (approx. < 10 years of experience), Intermediate (approx. > 10 and < 20 years of experience) or Senior (approx. > 20 years of experience).

<sup>2</sup> **Nationality:** Country to which the person belongs administratively and that issues the ID card and/or passport.

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<sup>3</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 Programme Countries.

<sup>4</sup> **Country code:** ISO 3166-2 country codes available at: <https://www.iso.org/obp/ui/#search>.

<sup>5</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 sending institution (in the case of mobility with Partner Countries: the national legislation of the Programme Country).