

**Swiss-European Mobility Programme – Staff Mobility for Training**

**Mobility Agreement**

Personal details

First and last name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Details of home institution

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of institution department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of contact person for mobility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position of contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Details of host institution or enterprise / organisation

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of institution department or enterprise department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position of contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Size of the enterprise:

[ ]  small (up to 50 staff) [ ]  medium (51-500 staff) [ ]  large (more than 500 staff)

Details of mobility period:

Combined mobility (Training and Teaching): Yes [ ]  No (training only) [ ]

Duration – without travel days – (dd/mm/yyyy): from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Travel days (dd/mm/yyyy): Departure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Return: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Means of transport: Train [ ]  Plane [ ]  Car/Bus [ ]  Other [ ]  Not known at this stage [ ]

Details of mobility

**Overall objectives of the mobility:**

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**Activities to be carried out and, if possible, the programme for the period:**

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**Expected added value of the mobility (both for the home institution and the staff member):**

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**Expected results:**

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**Signature of the direct supervisor validating the training:**

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**Name and function of the signatory:**

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**To be formally agreed prior to the mobility period by all parties by exchange of letters or electronic messages.**