



Mobility Agreement

Staff Mobility For Training

Planned period of the training activity: from _____ till _____

The Staff Member

Last name (s)		First name (s)	
Seniority ¹		Nationality ²	
Sex [M/F]		Academic year	
E-mail			

The Sending Institution

Name	Kazimierz Pulaski University of Technology and Humanities in Radom	Size of enterprise ³ (if applicable)	
Erasmus code (if applicable)	PL RADOM01	Department/unit	
Address	29, Malczewskiego str. 26-600 Radom, Poland	Country/ Country code ⁴	PL
Contact person name and position	Agnieszka Dąbrowska Head of International Office Erasmus+ Coordinator	Contact person e-mail / phone	a.dabrowska@uthrad.pl tel : +48 48 361 70 74

The Receiving Institution / Enterprise⁵

Name			
Erasmus code (if applicable)			
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:

Planned period of the training activity: from till

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:

Expected outcomes and impact (e.g. on the professional development of the staff member and on both institutions):



II. COMMITMENT OF THE THREE PARTIES

By signing⁶ 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 beneficiary 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

Name of the responsible person: **Prof. Waldemar Nowakowski, Deputy Rector**

Signature:

Date:

The receiving institution/enterprise

Name of the responsible person:

Signature:

Date:

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

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

³ **Size:** according to the number of staff, the enterprise should be defined as small (1-50), medium (51-250) or large (>251).

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

⁵ Any Programme Country enterprise or, more generally, any public or private organisation active in the labour market or in the fields of education, training and youth (training of staff members from Programme Country HEIs in Partner Country non-academic partners is not eligible).

⁶ 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.