|  |  |  |
| --- | --- | --- |
|  |  | **Higher Education** **Mobility Agreement form** |

**STAFF MOBILITY FOR TRAINING - MOBILITY AGREEMENT**

**The Staff Member**

|  |  |
| --- | --- |
| First name: **,,,** | Last name: **,,,** |
| Position: **,,,** | Nationality: **,,,** |
| Gender: M/F | Academic year: **20.. / 20..** |
| E-mail: **,,,**  | Address: **,,,** |

**The Sending Institution**

|  |  |
| --- | --- |
| Full name: **Iceland University of the Arts** | Country: Iceland |
| Erasmus code: **IS REYKJAV06** | Department/unit: **,,,** |
| Contact person, name and position: Alma Ragnarsdóttir, Head of International Office |
| Contact person e-mail: alma@lhi.is |

**The Receiving Institution**

|  |  |
| --- | --- |
| Full name: **,,,** | Country: **,,,** |
| Erasmus code: **,,,** | Department/unit: **,,,** |
| Contact person, name and position: **,,,** |
| Contact person e-mail: **,,,** |

**I. Proposed Mobility Programme**

|  |  |
| --- | --- |
| Start date\*: **dd/mm/yy** | End date\*: **dd/mm/yy** |
| Durationin days (not including travel days): **,,,** | Duration (work/contact hours): **,,,** |

**\***Planned period of the training activity (not including travel days)

|  |
| --- |
| **Objectives of the mobility. Content and activities to be carried out.**Describe the content and objective of the mobility and give a day to day agenda of the training. **For academic staff**; explain if and how the activities support you developing your pedagogical and/or curriculum design skills.**For non-academic staff;** explain how the activities support your staff development |
| *-Make sure to clarify the objectives/purpose of the visit* *-Include day-to-day agenda if the mobility is longer than 2 days**-Make sure to answer all the questions above* |

|  |
| --- |
| **Relevance to the objectives of the sending institution.**Why is this training needed and how will it be useful? |
| *-Make sure to answer both questions*  |

|  |
| --- |
| **Learning Outcomes.** Which competences (i.e. knowledge, skills) are to be acquired/improved with the training? |
|  |

**II. Commitment Of The Three Parties**

By signing\*\* this document, the staff member, the sending institution/enterprise and the receiving institution confirm that they approve the proposed mobility agreement.

*\*\* Circulating papers with original signatures is not compulsory. Scanned copies of signatures or digital signatures may be accepted.*

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 receiving institution will communicate to the sending institution any problems or changes regarding the proposed mobility programme or mobility period.

**III. Signatures and dates**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

**The staff member** Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

**The responsible person\*** **at the sending institution** Date

\*Head of department/unit

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

**The responsible person (contact person) at the receiving** **institution** Date