**STAFF MOBILITY AGREEMENT**

Planned period of the training activity: from *[day/month/year]* till *[day/month/year]*

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

**The Staff Member**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name (s) |  | First name (s) |  |
| Nationality[[1]](#endnote-1) |  | Academic year |  |
| Sex [*M/F*] |  |  |  |
| E-mail |  | | |

**The Sending Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | **VŠB-Technical University of Ostrava** | Department/Unit |  |
| Address | 17.listopadu 2172/15 708 00 Ostrava-Poruba | Country | **Czech Republic** |
| Faculty coordinator´s name |  | e-mail / phone |  |

**The Receiving Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Department / Unit |  |
| Address |  | Country |  |
| 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: ………………………………………

|  |
| --- |
| **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 signing**[[2]](#endnote-2)** 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**  Faculty coordinator´s name:  Signature: Date: |

|  |
| --- |
| **The sending institution**  Vice-rector for Study Affairs: Ing. Zdeňka Chmelíková, Ph.D.  Signature: Date: |

|  |
| --- |
| **The receiving institution**  Name of the responsible person:  Signature: Date: |

1. **Nationality:** Country to which the person belongs administratively and that issues the ID card and/or passport. [↑](#endnote-ref-1)
2. 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). [↑](#endnote-ref-2)