



## MOBILITY AGREEMENT STAFF MOBILITY FOR TRAINING

 Planned period of the **TRAINING ACTIVITY**:

from [day/month/year] \_\_\_/\_\_\_/\_\_\_\_ till [day/month/year] \_\_\_/\_\_\_/\_\_\_\_

 Duration (days): ...**NUMERO GIORNI**... (2 days minimum – excluding travel days)

 (Indicare le date di inizio e fine delle attività di formazione e il relativo numero di giorni, **escludendo dal conteggio i giorni di viaggio**)

### The Staff Member

Last name	<b>COGNOME</b>	First name	<b>NOME</b>
Seniority <sup>1</sup>	<input type="radio"/> Junior <input type="radio"/> Intermediate <input type="radio"/> Senior	Nationality <sup>2</sup>	<b>Nazionalità</b>
Sex [M/F]	<input type="radio"/> M <input type="radio"/> F	Academic year	<input type="radio"/> 2024/2025
E-mail	<b>nome.cognome@univr.it</b>	Phone	<b>+39 045.....</b>

### The Sending Institution

Name	<b>Università degli Studi di Verona</b>	Department/Unit	<b>Struttura di appartenenza</b>
Erasmus Code	<b>I VERONA01</b>		
Address	<b>Università degli Studi di Verona Ufficio mobilità internazionale Via dell'Artigliere 8 37129 Verona Italy</b>	Country, Country code	<b>IT</b>
Contact person name and position	<b>Dr. Maddalena Pigozzi International Office</b>	Contact person e-mail / phone	<b>+390458028196 <a href="mailto:relazioni.internazionali@ateneo.univr.it">relazioni.internazionali@ateneo.univr.it</a></b>

### The Receiving Institution / Enterprise

Name	<b>Denominazione completa dell'Istituto o Impresa Ospitante</b>		
Erasmus Code (if applicable)	<b>CODICE ERASMUS DELL'ISTITUTO</b>	Department/Unit	<b>Dipartimento/Struttura di accoglienza</b>
Address	<b>Indirizzo postale completo dell'Istituto o Impresa Ospitante</b>	Country, Country code <sup>3</sup>	<b>Codice Paese</b>
Contact person name and position	<b>Nome e Cognome Ruolo presso l'Istituto/Impresa Ospitante</b>	Contact person e-mail / phone	<b>Indirizzo e-mail / telefono</b>

(in case of Receiving Enterprises): For guidelines, please look at the end notes on page 3

Size of enterprise <sup>4</sup> (if applicable)	<input type="radio"/> < 250 employees <input type="radio"/> > 250 employees	Type of enterprise: NACE code <sup>5</sup> (if applicable)	
---	--	--	--



## Section to be completed BEFORE THE MOBILITY

### I. PROPOSED MOBILITY PROGRAMME

Type of Staff Training activity:

- Job Shadowing
- Training
- Workshop
- Other (please specify): .....

Language of training: ..... **LINGUA DI LAVORO** .....

**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**<sup>6</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 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: **COGNOME E NOME**

Signature: .....*Firma*.....

Date: \_\_/\_\_/\_\_\_\_

**The receiving institution / enterprise**

Name of the responsible person: **COGNOME E NOME**

Signature: .....*Firma*.....

Date: \_\_/\_\_/\_\_\_\_

**The sending institution – University of Verona**

Name of the responsible person at the Department/Unit: **COGNOME E NOME**

Signature: *Firma del Responsabile della Struttura di appartenenza*

Date: \_\_/\_\_/\_\_\_\_

**Approval of the Vice-Rector for Internationalisation - University of Verona**

Name:

Signature: ...*Firma*... ( **a cura dell'Ufficio mobilità internazionale** )

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.

<sup>3</sup> **Country code:** ISO 3166-2 country codes available at: <https://www.iso.org/obp/ui/#search>.

<sup>4</sup> **Size:** according to the number of staff, the enterprise should be defined as small (1-50), medium (51-250) or large (>251).

<sup>5</sup> The top-level NACE sector codes available at

[http://ec.europa.eu/eurostat/ramon/nomenclatures/index.cfm?TargetUrl=LST\\_NOM\\_DTL&StrNom=NACE\\_REV2&StrLanguageCode=EN](http://ec.europa.eu/eurostat/ramon/nomenclatures/index.cfm?TargetUrl=LST_NOM_DTL&StrNom=NACE_REV2&StrLanguageCode=EN)

<sup>6</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). Certificates of attendance can be provided electronically or through any other means accessible to the staff member and the sending institution.