**Mobility Agreement**

**Staff Mobility For Teaching[[1]](#endnote-1)**

Planned period of the teaching activity: from *dd/mm/yyyy* till *dd/mm/yyyy*

Duration (days) – excluding travel days: 5

**The teaching staff member**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name (s) | **[Please fill in]** | First name (s) | **[Please fill in]** |
| Seniority[[2]](#endnote-2) | **Junior/ Intermediate/ Senior** | Nationality[[3]](#endnote-3) | **[Please fill in]** |
| Sex [*M/F*] | **M/F** | Academic year | **2023/2024** |
| E-mail | **[Please fill in]** | | |

**The Sending Institution/~~Enterprise~~[[4]](#endnote-4)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | **[Please fill in with the full legal name of your University in English]** | | |
| Erasmus code[[5]](#endnote-5)  (if applicable) | **Not applicable** | Faculty/ Department | **[Please fill in]** |
| Address | **[Please fill in with the full postal address]** | Country/ Country code[[6]](#endnote-6) | **[Please fill in]** |
| Contact person  name and position | **[Please fill in]** | Contact person  e-mail / phone | **[Please fill in]** |
| Type of enterprise: | **Not applicable** | Size of enterprise  (if applicable) | <250 employees  >250 employees |

**The Receiving Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | **The International University of Logistics and Transport in Wrocław** | Faculty/ Department | **Logistics and Transport Department** |
| Erasmus code  (if applicable) | **PL WROCLAW16** |
| Address | **ul. Sołtysowicka 19b, 51-168 Wrocław** | Country/ Country code | **PL Poland** |
| Contact person name and position | **mgr Sylwia Skalik,**  **Erasmus+ Contact Person** | Contact person e-mail / phone | **erasmus@msl.com.pl**  **0048 71 324 68 62 ext. 212** |

#### For guidelines, please look at the end notes on page 3.

**Section to be completed BEFORE THE MOBILITY**

#### **I. PROPOSED MOBILITY PROGRAMME**

Main subject field[[7]](#endnote-7): **[Please fill in]**

Level (select the main one): Short cycle (EQF level 5) ; Bachelor or equivalent first cycle (EQF level 6) ; Master or equivalent second cycle (EQF level 7) ; Doctoral or equivalent third cycle (EQF level 8)  **[Please indicate the relevant option]**

Number of students at the receiving institution benefiting from the teaching programme: **[Please fill in]**

Number of teaching hours: **8**

Language of instruction: **English**

|  |
| --- |
| **Overall objectives of the mobility:**  **[Please fill in]** |

|  |
| --- |
| **Added value of the mobility (in the context of the modernisation and internationalisation strategies of the institutions involved):**  **[Please fill in]** |

|  |
| --- |
| **Content of the teaching programme:**  **[Please fill in]** |

|  |
| --- |
| **Expected outcomes and impact (e.g. on the professional development of the teaching staff member and on the competences of students at both institutions):**  **[Please fill in]** |

**II. COMMITMENT OF THE THREE PARTIES**

By signing[[8]](#endnote-8) this document, the teaching staff member, the sending institution/~~enterprise~~ and the receiving institution 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 teaching staff member.

The teaching 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 teaching staff member and the beneficiary institution commit to the requirements set out in the grant agreement signed between them.

The teaching staff member and the receiving institution will communicate to the sending institution/~~enterprise~~ any problems or changes regarding the proposed mobility programme or mobility period.

|  |
| --- |
| **The teaching staff member**  Name: **[Please fill in]**  Signature: Date: |

|  |
| --- |
| **The sending institution/~~enterprise~~**  Name of the responsible person: **[Please fill in]**  Signature: Date: |

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

1. In case the mobility combines teaching and training activities, **this template** should be used and adjusted to fit both activity types. [↑](#endnote-ref-1)
2. **Seniority:** Junior (approx. < 10 years of experience), Intermediate (approx. > 10 and < 20 years of experience) or Senior (approx. > 20 years of experience). [↑](#endnote-ref-2)
3. **Nationality:** Country to which the person belongs administratively and that issues the ID card and/or passport. [↑](#endnote-ref-3)
4. All references to "**enterprise**" are only applicable to mobility for staff between Programme Countries or within Capacity Building projects. [↑](#endnote-ref-4)
5. **Erasmus Code:** A unique identifier that every higher education institution that has been awarded with the Erasmus Charter for Higher Education receives. It is only applicable to higher education institutions located in Programme Countries. [↑](#endnote-ref-5)
6. **Country code**: ISO 3166-2 country codes available at: <https://www.iso.org/obp/ui/#search>. [↑](#endnote-ref-6)
7. The [ISCED-F 2013 search tool](http://ec.europa.eu/education/tools/isced-f_en.htm) (available at <http://ec.europa.eu/education/tools/isced-f_en.htm>) should be used to find the ISCED 2013 detailed field of education and training. [↑](#endnote-ref-7)
8. 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. [↑](#endnote-ref-8)