**Mobility Agreement**

**Staff Mobility For Training**

**Academic year:** 2025/26

Is the mobility a part of a **blended** mobility programme?  YES  NO

*“Blended”: A blended mobility is a combination of a physical period abroad and a virtual/online period or component done before, during or after the physical period.*

**Dates:** Planned period of the **physical** mobility:

from ………………………… *[day/month/year]* to ………………………… [*day/month/year]*

**Duration:** Number of training days: ……………(excluding weekends and travel days)

**Dates:** Planned period of the **virtual** component (**only if applicable**):

from ………………………… *[day/month/year]* to ………………………… [*day/month/year]*

**Duration:** Number of training days: ……………(excluding weekends and travel days)

**Staff Member**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Last name(s) |  | | First name (s) |  |
| Seniority  at current home university | | Junior ( < 10 years of experience)  Intermediate (10 - 20 yearsof experience)  Senior ( > 20 years of experience) | | |
| Gender [*Male/Female/Undefined*] | |  | Nationality |  |
| Faculty / Unit | |  | | |
| E-mail | |  | | |
| Staff member | | Teaching staff (PDI)  Administrative staff (PTGAS) | | |

**Sending Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | **UNIVERSITAT DE LLEIDA** | | |
| Erasmus code  (if applicable) | **E LLEIDA01** | Department | **International Relations** |
| Address | Jaume II, 67 bis  25001 Lleida | Country/ Country code | Spain  ES |
| Contact person  name and position | Antoni Granollers  Vice-Rector | Contact person  e-mail / phone | ri@udl.cat |
| Type of enterprise: | Higher education  Institution | Size of enterprise  (if applicable) | ☐<250 employees  ☒>250 employees |

**Receiving organisation**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Erasmus code  (if applicable) |  | Faculty/Department |  |
| Address |  | Country |  |
| Contact person, name and position |  | Contact person e-mail / phone |  |

**Section to be completed BEFORE THE MOBILITY**

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

Main language of training: ………………………………………

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| **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** (including the virtual component, if applicable): |
| **Expected outcomes and impact** (e.g. on the professional development of the staff member and on both institutions): |

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| **Training in digital skills:**  **Is the mobility related to any of these topics mentioned below?**  (either job shadowing or participation in training courses)  YES  NO  **If YES, please tick topics related:**  *European Student Card Initiative (ESCI) tools*  *Digital education tools/software*  *Programming*  *Specialised IT software and systems for HEI (higher education institutions) administration* |
| **Is this mobility part of the activities within a university network in which the University of Lleida is involved? Or part of a project for strategic academic cooperation in which the home faculty is involved?**  YES  NO  If YES, please give details: ……………… |
| **Training mobility to develop pedagogical skills, or curricula design skills on the syllabus:**  YES  NO  If YES, please give details: ……………… |

**II. COMMITMENT OF THE THREE PARTIES**

By signing 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.

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| **Staff member:** (name)  Signature: Date: |

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| **Sending institution:** Universitat de Lleida  **PDI:**   * Facultat/Escola: * Coordinador de Mobilitat del centre:   **PTGAS:**   * Unitat: * Cap orgànic:   Signature: Date: |

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| **Receiving organisation:**  Responsible person: (name)  Signature: Date:  **IF THE RECEIVING ORGANISATION IS NOT A UNIVERSITY, please complete the following details:**  -**OID** (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  -Which **type of institution** is the Receiving Organisation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  -**Size** of institution:  less than 250 employees  more than 250 employees  -Is the organization a **public** institution? Yes  No  -Is the organization a **profit-making** institution? Yes  No |