



**PNRR-TNE International Mobility Programme - Mediterranean Alliance  
for Research and Education (MARE)**

**Project Proposal TNE23-00049 – CUP B71I24000240006**

## **Mobility Agreement Staff Mobility For Training<sup>1</sup>**

Planned period of the physical mobility: from *[day/month/year]* to *[day/month/year]*

Duration of physical mobility (days) – excluding travel days: .....

### **The staff member**

Last name (s)		First name (s)	
Nationality			
Sex [M/F/Undefined]		Academic year	20../20..
E-mail			

### **The Sending Institution**

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

### **The Receiving Institution**

Name		Faculty/Department	
Address		Country/ Country code	
Contact person name and position		Contact person e-mail / phone	

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<sup>1</sup> Adaptations of this template

- In case the mobility combines teaching and training activities, **this template** should be used and adjusted to fit both activity types.



## Section to be completed BEFORE THE MOBILITY

### I. PROPOSED MOBILITY PROGRAMME

Language of training: .....

**Overall objectives of the mobility:**

**Added value of the mobility (with particular focus to the objectives of the TNE MARE project):**

**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>2</sup> this document, the teaching staff member, the sending institution and the receiving institution confirm that they approve the proposed mobility agreement.

The sending higher education institution supports the staff mobility with a focus on the objectives of the TNE MARE project.

The teaching staff member will share their experience, in particular its impact on their professional development and on the sending higher education institution, as a source of inspiration to others.

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

### **The teaching staff member**

Name:

Signature:

Date:

### **The sending institution**

Name of the responsible person:

Signature:

Date:

### **The receiving institution**

Name of the responsible person:

Signature:

Date:

<sup>2</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 beneficiary organisation (in the case of mobility with third countries not associated to the programme: the national legislation of the EU Member State or third country associated to the programme). Certificates of attendance can be provided electronically or through any other means accessible to the staff member and the sending institution.