

STAFF MOBILITY FOR TRAINING MOBILITY AGREEMENT

The Staff Member

Last name		First name	
Seniority ¹		Nationality ²	
Sex [M/F]		Academic year	
E-mail			

The Sending Institution

Name	Faculty of Business Studies	Department/unit	International Office
Erasmus code (if applicable)	SI LJUBLJA31		
Address	Krekov trg 1 SI-1000 Ljubljana	Country/ Country code ³	Slovenia
Contact person name and position	Mag. Pia Valenzuela Erasmus coordinator	Contact person e-mail / phone	pia.valenzuela@kat-inst.si +386 820 52 300

The Receiving Institution / Enterprise

Name		Students Registrar's Of	
Erasmus code (if applicable)		Department/unit	
Address			
Contact person, name and position		Contact person e-mail / phone	
Type of enterprise: NACE code ⁴ (if applicable)			

Section to be completed BEFORE THE MOBILITY

I. PROPOSED MOBILITY PROGRAMME

Planned period of the training activity: from [] till []

_____ Additional day for travel needed directly before the first day of the activity abroad

_____ Additional day for travel needed directly following the last day of the activity abroad

Overall objectives of the mobility:
Added value of the mobility (both for the institutions involved and for the staff member):
Activities to be carried out:
Expected outcomes and impact:

II. COMMITMENT OF THE THREE PARTIES

By signing⁵ 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 receiving institution/enterprise will communicate to the sending institution any problems or changes regarding the proposed mobility programme or mobility period.

The staff member
Signature: _____
Date: _____

The sending institution/enterprise
Name of the responsible person: _____
Signature: _____
Date: _____

The receiving institution
Name of the responsible person: _____
Signature: _____
Date: _____

GUIDELINES

¹ **Seniority:** Junior (approx. < 10 years of experience), Intermediate (approx. > 10 and < 20 years of experience) or Senior (approx. > 20 years of experience).

² **Nationality:** Country to which the person belongs administratively and that issues the ID card and/or passport.

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

⁴ 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

⁵ Circulating papers with original signatures is not compulsory. Scanned copies of signatures or digital signatures may be accepted, depending on the national legislation.