**PNRR-TNE International Mobility Programme - Health Education and Advanced Learning Through Collaboration, Opportunities, Networking, and Educational Connections in Balkans and Asian Countries**

**(Health Connect)**

**Project Proposal TNE23-00059 – CUP F91B24000320006**

**Mobility Agreement**

**Staff Mobility For Training[[1]](#footnote-1)**

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

**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 |  |
| Address |  | Country |  |
| Contact person  name and position |  | Contact person e-mail / phone |  |

**The Receiving Institution**

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

#### **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 Health Connect 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**[[2]](#footnote-2)** this document, the staff member, the sending institution and the receiving organisation 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 Health Connect project.

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

|  |
| --- |
| **The 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: |

1. Adaptations of this template:

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

   [↑](#footnote-ref-1)
2. 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 institution (in the case of mobility with third coutnries 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. [↑](#footnote-ref-2)