**Erasmus+ Mobility Agreement**

**Staff Mobility For Training**

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) |  |
| Seniority |  | Nationality |  |
| Sex [*M/F/Undefined*] |  | Academic year | 2024/2025 |
| E-mail |  | | |

**The Sending Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | **University of Medicine, Tirana** | Faculty/Department |  |
| Erasmus code  (if applicable) |  |
| Address | Rruga e Dibres no.371, Tirana, Albania | Country/ Country code | Albania/AL |
| Contact person  name and position | Elona Caslli  Specialist in the Projects and Professional Development Sector | Contact person  e-mail / phone | projects.office@umed.edu.al  +355672072252 |

**The Receiving Organisation**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Medical University of Graz | | |
| Erasmus code  (if applicable) | A GRAZ23 | Faculty/Department  (if applicable) | International Office |
| Address | Neue Stiftingtalstrass 6 8010 Graz | Country/ Country code | Austria/AT |
| Contact person, name and position | Iris Topolovec Programme Manager Erasmus+ KA 107/KA171 | Contact person e-mail / phone | [iris.topolovec@medunigraz.at](mailto:iris.topolovec@medunigraz.at) +43 316 385 73694 |
| Type of organisation: |  | Sizeof organisation  (if applicable) | <250 employees  ≥250 employees |

* For guidelines, please look at the end notes on page 3.
* **Section to be completed BEFORE THE MOBILITY**
* **I. PROPOSED MOBILITY PROGRAMME**

Language of training: ………………………………………

|  |
| --- |
| **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):** |

**II. COMMITMENT OF THE THREE PARTIES**

By signing this document, the staff member, the sending institution and the receivingorganisation 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 theirexperience, 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 beneficiaryorganisationcommit to the requirements set out in the grant agreement signed between them.

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.

|  |
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| **The staff member**  Name:  Signature: Date: |

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| **The sending institution**  Name of the responsible person:  Signature: Date: |

|  |
| --- |
| **The receiving organisation**  Name of the responsible person:  Signature: Date: |