

Erasmus+ MOBILITY AGREEMENT FOR ADULT EDUCATION STAFF (for optional use)

I. DETAILS ON THE PARTICIPANT

Name of the participant:
Sending institution (name, address):
Contact person (name, function, e-mail, tel):

II. DETAILS OF THE PROPOSED MOBILITY PROGRAMME ABROAD

Receiving organisation (name address):
Contact Person (name, function, e-mail, tel):

Planned dates of start and end of the mobility period:

Detailed programme of the mobility period:

Competences to be acquired by the participant:

Monitoring and Mentoring of the participant before, during and after the mobility period:

Foreseen use of outcomes, evaluation:

III. COMMITMENT OF THE PARTIES INVOLVED

By signing this document, the participant, the sending organisation and the receiving organisation confirm that they will implement the detailed programme of the mobility period as described above.

THE PARTICIPANT

Participant's signature

..... Date:

THE SENDING INSTITUTION

We confirm that this proposed mobility agreement is approved.

On completion of the mobility the institution will issue [*...a Europass Mobility, other form of validation/recognition...*] to the participant

Sending organisation's signature

..... Date:

THE RECEIVING ORGANISATION

We confirm that this proposed mobility agreement is approved.

On completion of the mobility the organisation will issue [*...a Certificate ...*] to the participant

Receiving organisation's signature

..... Date: