**Erasmus+ MOBILITY AGREEMENT FOR ADULT EDUCATION STAFF**

**I. DETAILS ON THE PARTICIPANT**

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

**II. DETAILS OF THE PROPOSED MOBILITY PROGRAMME ABROAD**

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

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| Planned dates of start and end of the mobility period: |

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| **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.**

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| **THE PARTICIPANT**  Participant’s signature  ........................................................................... Date: …………………………………………………………….. |

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| **THE SENDING INSTITUTION**  We confirm that this proposed mobility agreement is approved.  On completion of the mobility the institution will issue a certificate of recognition of the contents for adult education teaching to the participant. | |
| Faculty International Coordinator’s signature  ............................................................................ | Date: ................................................................... |

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| **THE RECEIVING ORGANISATION**  We confirm that this proposed mobility agreement is approved.  On completion of the mobility the organisation will issue a Certificate of attendance at the course to the participant. | |
| Receiving organisation's signature  .............................................................................. | Date: ................................................................... |