Erasmus+ Mobility Agreement
Staff Mobility For Training[1]

Planned period of the physical mobility: from _____(dd/mm/yyyy)
to_____(dd/mm/yyyy)

Duration (days) – excluding travel days: _____

The Staff Member

Last name (s)		First name (s)	
Seniority[2]		Nationality[3]	
Sex [*M/F/Undefined*]		Academic year	2026/2027
E-mail			

The Sending Institution

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

The Receiving Institution / Enterprise[4]

Name	**Amsterdam University of the Arts**		
Erasmus code (if applicable)	NL AMSTER07	Faculty/Department	Conservatorium van Amsterdam
Address	Oosterdokskade 151	Country/ Country code	The Netherlands (NL)
Contact person, name and position	Ruth Graf-Fleet International Relations Officer	Contact person e-mail / phone	ruth.graf-fleet@ahk.nl 0031-20-527 75 76
Type of enterprise:	N/A	Size of enterprise (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:
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):

II. COMMITMENT OF THE THREE PARTIES

By signing[5] 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 the beneficiary institution commit to the requirements set out in the grant agreement signed between them.

The staff member and the receiving institution/enterprise 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: Ruth Graf-Fleet	
Signature:	Date:

[1] 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.

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

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

[4] All refererences to "**enterprise**" are only applicable to mobility for staff between EU Member States and third countries associated to the programme or within Capacity Building projects.

[5] 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 sending 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.