**Erasmus+ MOBILITYAGREEMENT 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 organisationand the receiving organisationconfirm 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 mobilitythe institution will issue………..[…a Europass Mobility, *other form of validation/recognition…*] to the participant |
| Sending organisation'ssignature............................................................................ | Date: ................................................................... |

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| **THE RECEIVING ORGANISATION**We confirm that this proposed mobility agreementis approved.On completion of the mobility the organisation will issue […*a Certificate*…] to the participant |
| Receiving organisation's signature.............................................................................. | Date: ................................................................... |