



STAFF MOBILITY FOR TRAINING APPLICATION FORM

The Staff Member

Last name		First name	
Seniority ¹		Nationality ²	
Sex [M/F]		Academic year	20 /20
E-mail			
Head of department/division or corresponding			

The Sending Institution

Name	Swedish University of Agricultural Sciences		
Erasmus code (if applicable)	S UPPSALA02		
Address	SLU Box 7070 750 07 UPPSALA	Country/ Country code ³	Sweden, SE
Contact person name and position	Gabrielle Lagerkvist International Coordinator	Contact person e-mail / phone	Mobility@slu.se 018 673135

The Receiving Institution / Enterprise

Name		Size of enterprise ⁴ (if applicable)	
Erasmus code (if applicable)		Department/unit	
Address		Country/ Country code	
Contact person, name and position		Contact person e-mail / phone	
Type of enterprise: NACE code ⁵ (if applicable)			



Section to be completed BEFORE THE MOBILITY

I. PROPOSED MOBILITY PROGRAMME

Planned period of the training activity: from _____ to _____

Duration (number of days):

Additional day for travel needed directly before the first day of the activity abroad

Additional day for travel needed directly following the last day of the activity abroad

Overall objectives of the mobility:

Added value of the mobility (both for the institutions involved and for the staff member):

Activities to be carried out (Please add a working plan/programme)



Expected outcomes and impact:

II. COMMITMENT OF THE THREE PARTIES

By signing⁶ 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 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:

Sending institution

Name of Head of department/division or corresponding:

Signature:

Date:

The receiving institution

Name of the responsible person:

Signature:

Date:

¹ **Seniority:** Junior (approx. < 10 years of experience), Intermediate (approx. > 10 and < 20 years of experience) or Senior (approx. > 20 years of experience).



² **Nationality:** Country to which the person belongs administratively and that issues the ID card and/or passport.

³ **Country code:** ISO 3166-2 country codes available at: <https://www.iso.org/obp/ui/#search>.

⁴ **Size:** according to the number of staff, the enterprise should be defined as small (1-50), medium (51-250) or large (>251).

⁵ The top-level NACE sector codes available at http://ec.europa.eu/eurostat/ramon/nomenclatures/index.cfm?TargetUrl=LST_NOM_DTL&StrNom=NACE_REV2&StrLanguageCode=EN

⁶ Circulating papers with original signatures is not compulsory. Scanned copies of signatures or digital signatures may be accepted, depending on the national legislation.