**Erasmus+ MOBILITY AGREEMENT FOR SCHOOL STAFF and QUALITY COMMITMENT for school education**

1. **DETAILS ON THE PARTICIPANT**

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

1. **DETAILS OF THE PROPOSED 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**:  |
| **Tasks of the participant before, during and after**:  |
| **Competences to be acquired by the participant**:  |
| **Monitoring and Mentoring of the participant before, during and after the mobility**: |
| **Evaluation and Recognition of the mobility**:  |

1. **COMMITMENT OF THE PARTIES INVOLVED**

**By signing this document, the participant, the sending organisation and the receiving organisation confirm that they will abide by the principles of the Quality Commitment attached below.**

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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 Europass Mobility, *other form of validation/recognition…*] to the participantCoordinator’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* …] to the participantCoordinator’s signature......................................................................... Date:...................................................................... |