**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 participant  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* …] to the participant  Coordinator’s signature  ......................................................................... Date:...................................................................... |