



## Erasmus+ MOBILITY AGREEMENT FOR ADULT EDUCATION STAFF (for optional use)

### I. DETAILS ON THE PARTICIPANT

Name of the participant:

Sending institution (name, address):

Contact person (name, function, e-mail, tel):

### II. DETAILS OF THE PROPOSED MOBILITY PROGRAMME ABROAD

Receiving organisation (name address):

Contact Person (name, function, e-mail, tel):

Planned dates of start and end of the mobility period:

**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 organisation and the receiving organisation confirm that they will implement the detailed programme of the mobility period as described above.**

<p><b>THE PARTICIPANT</b></p> <p>Participant's signature</p> <p>..... Date: .....</p>
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<p><b>THE SENDING INSTITUTION</b></p> <p>We confirm that this proposed mobility agreement is approved.</p> <p>On completion of the mobility the institution will issue .....[...a Europass Mobility, <i>other form of validation/recognition</i>...] to the participant</p> <p>Sending organisation's signature</p> <p>..... Date: .....</p>
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<p><b>THE RECEIVING ORGANISATION</b></p> <p>We confirm that this proposed mobility agreement is approved.</p> <p>On completion of the mobility the organisation will issue [...a <i>Certificate</i> ...] to the participant</p> <p>Receiving organisation's signature</p> <p>..... Date: .....</p>
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