**STAFF MOBILITY FOR TRAINING**

**MOBILITY AGREEMENT**

**The Staff Member**

|  |  |  |  |
| --- | --- | --- | --- |
| **Last name (s)/**  **Family name** | \_\_\_\_\_\_\_\_\_\_\_ | **First name (s)** | \_\_\_\_\_\_\_\_\_\_\_ |
| Seniority[[1]](#endnote-1) | **Junior** *(< 10 years of experience*),  **Intermediate** *(> 10 and < 20 years of experience*)  **Senior** *(> 20 years of experience*). | Nationality[[2]](#endnote-2) | Georgia |
| Sex [*M/F/Undefined*] | :\_\_\_\_\_\_\_\_\_\_\_ | Academic  year | **2024-2025** |
| E-mail |  | | |

**The Sending Institution –**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Ivane Javakhishvili Tbilisi State University | Faculty  / Department | Department of Foreign Relations |
| Erasmus code[[3]](#endnote-3)  (if applicable) | n/a |
| Address | 1, Illia Tchavtchavadze avenue,  **Tbilisi 0179** | Country/ Country code[[4]](#endnote-4) | **Georgia / GE** |
| Contact person  name and position | **Tea Gergedava,**  Head of Department of  Foreign Relations | Contact person e-mail / phone | erasmusplus@tsu.ge |

**The Receiving Institution UNIVERSITY OF BUCHAREST**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | **University of Bucharest** | | |
| Erasmus code | **RO BUCURES09** | Faculty /  Department | :\_\_\_\_\_\_\_\_\_\_\_ |
| Address | Sos. Panduri, no. 90, 050663,  Bucharest | Country/ Country code | **Romania - RO** |
| Contact person, name and  position | Alina CRISTOVICI,  Director International Relations Department & Erasmus  Institutional Coordinator | Contact person e-mail / phone | alina.cristovici@unibuc.ro  +4 021 305 46 40  +4 021 305 46 44 |

#### For guidelines, please look at the end notes on the last page

#### **Section to be completed BEFORE THE MOBILITY**

**Planned period of the Training activity**(***Travel days not included***):

from**\_\_\_\_\_\_** till **\_\_\_\_\_\_**

**(dd/mm/yyyy – dd/mm/yyyy)**

Duration (no of days): …..

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

Additional day for travel needed **after the last day** of the activity abroad

Language of training: English

#### **I. PROPOSED MOBILITY PROGRAMME**

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| **Overall objectives of the mobility:** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Added value of the mobility (in the context of the modernisation and internationalisation strategies of the institutions involved):** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Activities to be carried out:** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Expected outcomes and impact (e.g. on the professional development of the staff member and on both institutions)** |
| \_\_\_\_\_\_\_\_\_\_\_ |

**II. COMMITMENT OF THE THREE PARTIES**

By signing**[[5]](#endnote-5)** 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 the sending institution commit to the requirements set out in the grant agreement signed between them.

The staff member and the 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: |

|  |
| --- |
| **The sending institution –** Ivane Javakhishvili Tbilisi State University |
| Name of the responsible person (head of unit): Tea Gergedava, Head of the Department  Department/Faculty: Department of Foreign Relations  Signature and Stamp  Date: |

|  |
| --- |
| **The receiving institution -** :**UNIVERSITY OF BUCHAREST** **(RO BUCURES09)** |
| Name of the responsible person: \_\_\_\_\_\_\_\_\_\_\_  Function:Erasmus Faculty Coordinator:  Signature and Stamp  Date: |

1. **Seniority:** Junior (approx. < 10 years of experience), Intermediate (approx. > 10 and < 20 years of experience) or Senior (approx. > 20 years of experience). [↑](#endnote-ref-1)
2. **Nationality:** Country to which the person belongs administratively and that issues the ID card and/or passport. [↑](#endnote-ref-2)
3. **Erasmus Code:** A unique identifier that every higher education institution that has been awarded with the Erasmus Charter for Higher Education receives.. It is only applicable to higher education institutions located in Programme Countries. [↑](#endnote-ref-3)
4. **Country code**: ISO 3166-2 country codes available at: <https://www.iso.org/obp/ui/#search>. [↑](#endnote-ref-4)
5. Circulating papers with original signatures is not compulsory. Scanned copies of signatures or electronic signatures may be accepted, depending on the national legislation of the country of the sending institution (in the case of mobility with Partner Countries: the national legislation of the Programme Country). [↑](#endnote-ref-5)