Mobility Agreement

Personal details				
First and last name:				
Details of home institution				
Name:				
City, country:				
Name of institution department:				
Name of contact person for mobility:				
Position of contact person:				
Details of host institution or e	enterprise /orga	anisation		
Name: University of Teacher	Education Lucern	е		
City, country: Lucerne, Switzerland				
Name of institution department or enter	erprise departmen	t:		
Name of contact person:				
Position of contact person:				
Size of the enterprise:				
□ small (up to 50 staff) □	☐ medium (51-500 staff)		☐ large (more than 500 staff)	
Details of the mobility period				
Combined mobility (Training and Teach	ching): Ye	es 🗆	No (training on	ly) □
Duration – without travel days – (dd/r	mm/yyyy): from		to	
Travel days (dd/mm/yyyy): Departure:	:	Return:		
Means of transport: Train ☐ PI	lane □ Ca	ar/Bus □	Other □	Not known at this stage □

Details of mobility	
Overall objectives of the mobility:	
A stirition to be considered and if we called the approximation of an the position	
Activities to be carried out and, if possible, the programme for the period:	
Expected added value of the mobility (both for the home institution and the star	ff member):
Expected results:	
To be formally agreed prior to the mobility period by all parties by exchange of	letters or electronic messages.