

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 enterprise /organisation

Name: University of Teacher Education Lucerne

City, country: Lucerne, Switzerland

Name of institution department or enterprise department: _____

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 Teaching): Yes ☐ No (training only) ☐

Duration – without travel days – (dd/mm/yyyy): from _____ to _____

Travel days (dd/mm/yyyy): Departure: _____ Return: _____

Means of transport: Train ☐

Plane ☐

Car/Bus ☐

Other ☐

Not known at this stage ☐

Details of mobility

Overall objectives of the mobility:

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 staff member):

Expected results:

To be formally agreed prior to the mobility period by all parties by exchange of letters or electronic messages.