## Erasmus+ MOBILITY AGREEMENT FOR SCHOOL STAFF and QUALITY COMMITMENT for school education

## 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 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: 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:** 

## III. 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.

THE PARTICIPANT
Participant's signature
Date:
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
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: