

# STAFF MOBILITY PLAN

<b>Last name:</b>	<b>First name:</b>
<b>Date of birth:</b>	<b>Nationality:</b>
<b>Email address:</b>	
<b>Sending institution:</b>	<b>Country:</b>

## For academic staff

Field of research:

Faculty:

## For administrative staff

Field of activity:

Department or service:

**Mobility period: from ...../...../..... to ...../...../.....**

## Activity plan

*For each section, please use a separate sheet if you need more space*

### A. Planned activities

Please describe and explain the planned activities (research, teaching, workshop, etc.) and specify the different stages within the mobility period.

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**Applicant's signature**

**Date**

**SENDING INSTITUTION**

**Name and function:**

We confirm that the staff mobility plan is accepted

Date

Signature

**HOST INSTITUTION**

**Name and function:**

We confirm that the staff mobility plan is accepted

Date

Signature