

<u>Allegato B</u>

## Erasmus+ Mobility Agreement Staff Mobility for Training<sup>1</sup>

Duration (days) – excluding travel days:	Planned period of the ph	ysical mobility: from [day/n	nonth	n/year] to [day/montl	h/yea	r]
The Staff Member  Last name (s)   First name (s)   Seniority²   Nationality³   Sex [M/F]   Academic year   2025/2026   E-mail    The Sending Institution  Name   Università per Stranieri di Siena   Department/Unit   CLASS (Foreign Languages Centre Class)   Erasmus code (if applicable)   I SIENA02   Country/ Clusts (Italian Language Centre)   Address   Piazza Carlo Rosselli, Country/ Country code   Contact person   Dr. Elisa TRASTULLO   Contact person   e-mail / phone   The Receiving Institution  Name   Faculty/Department   Erasmus code (if applicable)   Faculty/Department   Country/ Country code   Contact person, name and position   Contact person   e-mail / phone   Erasmus code (if applicable)   Faculty/Department   Country/ Country code   Contact person   Erasmus (Country code   Contact person, name and position   Contact person   Erasmus (Country code   Contact person, name and position   Contact person   Erasmus (Country code   Contact person, name and position   Contact person   Erasmus (Country code   Contact person, name and position   Contact person   Erasmus (Country code   Contact person   Contact person   Erasmus (Country code   Contact person   Contact person   Erasmus (Country code   Erasmus (Coun	Duration (days) – excludi	ng travel days:				
Last name (s)  Seniority²  Sex [M/F]  First name (s)  Nationality³  Academic year  2025/2026  E-mail  The Sending Institution  Name  Università per Stranieri di Siena  Erasmus code (if applicable)  Address  Piazza Carlo Rosselli, 27-28  Contact person name and position  The Receiving Institution  Name  Erasmus code (if applicable)  Faculty/Department  Country/	If applicable, planned pe	riod of the virtual componer	nt: fr	om [day/month/year	] to [d	day/month/year]
Seniority²  Sex [M/F]  Sex [M/F]  Academic year  Zo25/2026  E-mail  The Sending Institution  Name  Università per Stranieri di Siena  Erasmus code (if applicable)  Address  Piazza Carlo Rosselli, 27-28  Contact person name and position  The Receiving Institution  Name  Erasmus code (if applicable)  Faculty/Department  Erasmus code (if applicable)  Faculty/Department  Country/ Country code  Erasmus code (if applicable)  Faculty/Department  Contact person e-mail / phone  Faculty/Department  Contact person e-mail / phone  Faculty/Department  Contact person e-mail / phone  Contact person e-mail / phone  Type of enterprise:  Size of enterprise  Country/sode  Cotact person e-mail / phone	The Staff Member					
Sex [M/F] Academic year 2025/2026  E-mail  The Sending Institution  Name Università per Stranieri di Siena Department/Unit (Foreign Languages Centre) CLUSS (Italian Language Centre) CLUSS (Italian Language Centre) TIALY  Contact person ame and position  Name  Erasmus code (if applicable)  The Receiving Institution  Name  Erasmus code (if applicable)  Contact person e-mail / phone  Faculty/Department  Country/ Country code  Contact person, name and position  Size of enterprise   Size of enterprise   C	Last name (s)		F	First name (s)		
E-mail  The Sending Institution  Name Università per Stranieri di Siena Department/Unit CLASS (Foreign Languages Centre CLUSS (Italian Language Centre)  Address Piazza Carlo Rosselli, Country/ Country code TITALY  Contact person Dr. Elisa TRASTULLO Contact person e-mail / phone  The Receiving Institution  Name Faculty/Department  Erasmus code (if applicable)  Address Contact person, Contact person e-mail / phone  Faculty/Department  Contact person, Contact person e-mail / phone  Size of enterprise Comployees	Seniority <sup>2</sup>		ı	Nationality <sup>3</sup>		
The Sending Institution  Name  Università per Stranieri di Siena  Erasmus code (if applicable)  Address  Piazza Carlo Rosselli, 27-28  Contact person name and position  The Receiving Institution  Paculty/Department  Faculty/Department  Country/ Country code  Faculty/Department  Faculty/Department  Contact person e-mail / phone  Contact person e-mail / phone	Sex [ <i>M/F</i> ]		1	Academic year 2025/2026		
Name  Università per Stranieri di Siena  Erasmus code (if applicable)  Address  Piazza Carlo Rosselli, 27-28  Contact person name and position  Prasmus code (if applicable)  The Receiving Institution  Name  Erasmus code (if applicable)  Faculty/Department  Country/ country code  Faculty/Department  Country/ country code  Faculty/Department  Country/ country code  Faculty/Department  Country/ country code  Contact person e-mail / phone  Faculty/Department  Country/ country code  Contact person, ame and position  Type of enterprise:  Size of enterprise    CLASS (Foreign Languages Centre)	E-mail					
Stranieri di Siena   Department/Unit   (Foreign Languages Centre   CLUSS (Italian Language Centre   Country code   TTALY   Country code   TTALY   Country code   Contact person   Pr. Elisa TRASTULLO   Contact person   Pr. Elisa TRASTULLO	The Sending Institut	ion				
Address  Piazza Carlo Rosselli, 27-28  Country/ Country code <sup>4</sup> Contact person name and position  Pr. Elisa TRASTULLO ERASMUS Officer  Contact person e-mail / phone  Faculty/Department  Country/ Country code  Faculty/Department  Contact person e-mail / phone  Faculty/Department  Contact person e-mail / phone  Contact person e-mail / phone  Type of enterprise:  Size of enterprise	Name			Department/Unit	(Foreign Languages Centre)  ☐ CLUSS	
Contact person ame and position  The Receiving Institution  Practical Erasmus code (if applicable)  Address  Contact person e-mail / phone  Faculty/Department  Country/ Country code  Contact person, name and position  Contact person Practical Erasmus code (if applicable)  Contact person, name and position  Contact person Practical Erasmus code (if applicable)		I SIENA02				
name and position   ERASMUS Officer   e-mail / phone    The Receiving Institution    Name	Address				ITAI	LY
Name  Erasmus code (if applicable)  Address  Country/ Country code  Contact person, name and position  Contact person e-mail / phone  Type of enterprise:  Size of enterprise  (if applicable)				-	eras	smus@unistrasi.it
Erasmus code (if applicable)  Address  Country/ Country code  Contact person, name and position  Contact person e-mail / phone  Type of enterprise:  Size of enterprise  (if applicable)	The Receiving Institu	ution				
Address  Country/ Country code  Contact person, name and position  Contact person e-mail / phone  Type of enterprise:  Size of enterprise  (if applicable)	Name					
Contact person, name and position  Contact person e-mail / phone  Type of enterprise:  Size of enterprise  (if annlicable)			F	Faculty/Department		
name and position  e-mail / phone  Type of enterprise:  Size of enterprise  (if applicable)  □<250 employees	Address			• •		
(if applicable)				•		
	Type of enterprise:					

For guidelines, please look at the endnotes on page 3.



## Section to be completed BEFORE THE MOBILITY

I.	PROPOSED MOBILITY PROGRAMME
Lang	uage of training:
Ove	erall objectives of the mobility:
	ded value of the mobility (in the context of the modernisation and internationalisation strategies of institutions involved):
Act	tivities to be carried out (including the virtual component, if applicable):
	pected outcomes and impact (e.g. on the professional development of the staff member and on both titutions):



## **II. COMMITMENT OF THE THREE PARTIES**

By signing<sup>5</sup> 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 beneficiary 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					
Name of the responsible person at the Center:					
Signature:	Date:				
Name of the Erasmus Coordinator – Prof. Liana Tronci					
Signature:	Date:				
The receiving institution					
Name of the responsible person:					
Department/Unit:					
Signature:	Date:				

<sup>&</sup>lt;sup>1</sup> In case the mobility combines teaching and training activities, **the mobility agreement for teaching template** should be used and adjusted to fit both activity types.

<sup>&</sup>lt;sup>2</sup> Seniority: Junior (approx. < 10 years of experience), Intermediate (approx. > 10 and < 20 years of experience) or Senior (approx. > 20 years of experience).

<sup>&</sup>lt;sup>3</sup> Nationality: Country to which the person belongs administratively and that issues the ID card and/or passport.

<sup>&</sup>lt;sup>4</sup> Country code: ISO 3166-2 country codes available at: <a href="https://www.iso.org/obp/ui/#search">https://www.iso.org/obp/ui/#search</a>.

<sup>&</sup>lt;sup>5</sup> 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 third countries not associated to the programme: the national legislation of the EU Member State or third country associated to the programme). Certificates of attendance can be provided electronically or through any other means accessible to the staff member and the sending institution.