



Istituto Superiore di Studi Musicali
CLAUDIO MONTEVERDI
Conservatorio di Cremona

Staff Mobility for Training mobility agreement per docenti e staff

Guida Step by Step

da compilarsi in inglese
(o lingua coerente col paese di destinazione)

a cura di Nicola Ventrella

STAFF MOBILITY FOR TRAINING¹ MOBILITY AGREEMENT

Planned period of the training activity: from [day/month/year] to [day/month/year]

Duration (days) – excluding travel days:

The Staff Member

Last name (s)		First name (s)	
Seniority ²		Nationality ³	
Sex [M/F]		Academic year	2021/22
E-mail			

The Sending Institution

Name		Faculty/Department	
Erasmus code ⁴ (if applicable)			
Address		Country/ Country code ⁵	
Contact person name and position		Contact person e-mail / phone	

The Receiving Institution / Enterprise⁶

Name			
Erasmus code (if applicable)		Faculty/Department	
Address		Country/ Country code	
Contact person, name and position		Contact person e-mail / phone	
Type of enterprise: NACE code ⁷ (if applicable)		Size of enterprise (if applicable)	<input type="checkbox"/> <250 employees <input type="checkbox"/> >250 employees

For guidelines, please look at the end notes on page 3.

STAFF MOBILITY FOR TRAINING¹ MOBILITY AGREEMENT

Planned period of the training activity: from [day/month/year] to [day/month/year]

Duration (days) – excluding travel days:

The Staff Member

Last name (s)	COGNOME	First name (s)	NOME
Seniority ²		Nationality ³	ITALIANA
Sex [M/F]	SESSO	Academic year	2021/22
E-mail	VOSTRO INDIRIZZO MAIL		

The Sending Institution

Name		Faculty/Department	
Erasmus code ⁴ (if applicable)			
Address		Country/ Country code ⁵	
Contact person name and position		Contact person e-mail / phone	

The Receiving Institution / Enterprise⁶

Name			
Erasmus code (if applicable)		Faculty/Department	
Address		Country/ Country code	
Contact person, name and position		Contact person e-mail / phone	
Type of enterprise: NACE code ⁷ (if applicable)		Size of enterprise (if applicable)	<input type="checkbox"/> <250 employees <input type="checkbox"/> >250 employees

For guidelines, please look at the end notes on page 3.

STAFF MOBILITY FOR TRAINING¹ MOBILITY AGREEMENT

Planned period of the training activity: from [day/month/year] to [day/month/year]

Duration (days) – excluding travel days:

The Staff Member

Last name (s)	COGNOME	First name (s)	NOME
Seniority ²	JUNIOR	Nationality ³	ITALIANA
Sex [M/F]	SESSO	Academic year	2021/22
E-mail	VOSTRO INDIRIZZO MAIL		

The Sending Institution

Name		Faculty/Department	
Erasmus code ⁴ (if applicable)			
Address		Country/ Country code ⁵	
Contact person name and position		Contact person e-mail / phone	

The Receiving Institution / Enterprise⁶

Name			
Erasmus code (if applicable)		Faculty/Department	
Address		Country/ Country code	
Contact person, name and position		Contact person e-mail / phone	
Type of enterprise: NACE code ⁷ (if applicable)		Size of enterprise (if applicable)	<input type="checkbox"/> <250 employees <input type="checkbox"/> >250 employees

For guidelines, please look at the end notes on page 3.

SE AVETE
MENO DI 10 ANNI
DI ANZIANITÀ DI
SERVIZIO

STAFF MOBILITY FOR TRAINING¹ MOBILITY AGREEMENT

Planned period of the training activity: from [day/month/year] to [day/month/year]

Duration (days) – excluding travel days:

The Staff Member

Last name (s)	COGNOME	First name (s)	NOME
Seniority ²	INTERMEDIATE	Nationality ³	ITALIANA
Sex [M/F]	SESSO	Academic year	2021/22
E-mail	VOSTRO INDIRIZZO MAIL		

The Sending Institution

Name		Faculty/Department	
Erasmus code ⁴ (if applicable)			
Address		Country/ Country code ⁵	
Contact person name and position		Contact person e-mail / phone	

The Receiving Institution / Enterprise⁶

Name			
Erasmus code (if applicable)		Faculty/Department	
Address		Country/ Country code	
Contact person, name and position		Contact person e-mail / phone	
Type of enterprise: NACE code ⁷ (if applicable)		Size of enterprise (if applicable)	<input type="checkbox"/> <250 employees <input type="checkbox"/> >250 employees

For guidelines, please look at the end notes on page 3.

SE AVETE
TRA I 10 ANNI E I 20
ANNI DI ANZIANITÀ DI
SERVIZIO

STAFF MOBILITY FOR TRAINING¹ MOBILITY AGREEMENT

Planned period of the training activity: from [day/month/year] to [day/month/year]

Duration (days) – excluding travel days:

The Staff Member

Last name (s)	COGNOME	First name (s)	NOME
Seniority ²	SENIOR	Nationality ³	ITALIANA
Sex [M/F]	SESSO	Academic year	2021/22
E-mail	VOSTRO INDIRIZZO MAIL		

The Sending Institution

Name		Faculty/Department	
Erasmus code ⁴ (if applicable)			
Address		Country/ Country code ⁵	
Contact person name and position		Contact person e-mail / phone	

The Receiving Institution / Enterprise⁶

Name			
Erasmus code (if applicable)		Faculty/Department	
Address		Country/ Country code	
Contact person, name and position		Contact person e-mail / phone	
Type of enterprise: NACE code ⁷ (if applicable)		Size of enterprise (if applicable)	<input type="checkbox"/> <250 employees <input type="checkbox"/> >250 employees

SE AVETE PIÙ
DI 20 ANNI
DI ANZIANITÀ DI
SERVIZIO

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The Staff Member

Last name (s)	COGNOME	First name (s)	NOME
Seniority ²	SENIOR	Nationality ³	ITALIANA
Sex [M/F]	SESSO	Academic year	2021/22
E-mail	VOSTRO INDIRIZZO MAIL		

The Sending Institution

Name	Istituto Superiore di Studi Musicali "C. Monteverdi" di Cremona	Faculty/Department	
Erasmus code ⁴ (if applicable)	I CREMONA 01		
Address	Via Realdo Colombo 1, 26100 Cremona	Country/ Country code ⁵	ITALIA/IT
Contact person name and position	M ^o Nicola Ventrella Erasmus Office	Contact person e-mail / phone	international@istitutomonteverdi.it

QUESTA SEZIONE
È PRECOMPILATA

The Receiving Institution / Enterprise⁶

Name		Faculty/Department	
Erasmus code (if applicable)			
Address		Country/ Country code	
Contact person, name and position		Contact person e-mail / phone	
Type of enterprise: NACE code ⁷ (if applicable)		Size of enterprise (if applicable)	<input type="checkbox"/> <250 employees <input type="checkbox"/> >250 employees

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The Staff Member

Last name (s)	COGNOME	First name (s)	NOME
Seniority ²	SENIOR	Nationality ³	ITALIANA
Sex [M/F]	SESSO	Academic year	2021/22
E-mail	VOSTRO INDIRIZZO MAIL		

The Sending Institution

Name	Istituto Superiore di Studi Musicali "C. Monteverdi" di Cremona	Faculty/Department	DISCIPLINA
Erasmus code ⁴ (if applicable)	I CREMONA 01		
Address	Via Realdo Colombo 1, 26100 Cremona	Country/ Country code ⁵	ITALIA/IT
Contact person name and position	M ^o Nicola Ventrella Erasmus Office	Contact person e-mail / phone	international@istitutomonteverdi.it

QUESTA SEZIONE
È PRECOMPILATA

The Receiving Institution / Enterprise⁶

Name			
Erasmus code (if applicable)		Faculty/Department	
Address		Country/ Country code	
Contact person, name and position		Contact person e-mail / phone	
Type of enterprise: NACE code ⁷ (if applicable)		Size of enterprise (if applicable)	<input type="checkbox"/> <250 employees <input type="checkbox"/> >250 employees

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The Staff Member

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Seniority ²	SENIOR	Nationality ³	ITALIANA
Sex [M/F]	SESSO	Academic year	2021/22
E-mail	VOSTRO INDIRIZZO MAIL		

The Sending Institution

Name		Faculty/Department	
Erasmus code ⁴ (if applicable)			
Address		Country/ Country code ⁵	
Contact person name and position		Contact person e-mail / phone	

The Receiving Institution / Enterprise⁶

Name			
Erasmus code (if applicable)		Faculty/Department	
Address		Country/ Country code	
Contact person, name and position		Contact person e-mail / phone	
Type of enterprise: NACE code ⁷ (if applicable)		Size of enterprise (if applicable)	<input type="checkbox"/> <250 employees <input type="checkbox"/> >250 employees

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The Staff Member

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Seniority ²	SENIOR	Nationality ³	ITALIANA
Sex [M/F]	SESSO	Academic year	2021/22
E-mail	VOSTRO INDIRIZZO MAIL		

The Sending Institution

Name		Faculty/Department	
Erasmus code ⁴ (if applicable)			
Address		Country/ Country code ⁵	
Contact person name and position		Contact person e-mail / phone	

The Receiving Institution / Enterprise⁶

Name	CONSERVATORIO PRINCE CLAUS		
Erasmus code (if applicable)		Faculty/Department	
Address		Country/ Country code	OLANDA
Contact person, name and position		Contact person e-mail / phone	
Type of enterprise: NACE code ⁷ (if applicable)		Size of enterprise (if applicable)	<input type="checkbox"/> <250 employees <input type="checkbox"/> >250 employees

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IL NOME DELLA
ISTITUZIONE E LA
NAZIONE

For guidelines, please look at the end notes on page 3.

Section to be completed BEFORE THE MOBILITY

PROPOSED MOBILITY PROGRAMME

Language of training:

Overall objectives of the mobility:
Added value of the mobility (in the context of the modernisation and internationalisation strategies of the institutions involved):
Activities to be carried out:
Expected outcomes and impact (e.g. on the professional development of the staff member and on both institutions):

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LINGUA IN CUI
SI SVOLGERÀ LA
FORMAZIONE

Section to be completed BEFORE THE MOBILITY

PROPOSED MOBILITY PROGRAMME

Language of training: ←

Overall objectives of the mobility:

Added value of the mobility (in the context of the modernisation and internationalisation strategies of the institutions involved):

Activities to be carried out:

Expected outcomes and impact (e.g. on the professional development of the staff member and on both institutions):

Section to be completed BEFORE THE MOBILITY

PROPOSED MOBILITY PROGRAMME

Language of training:

Overall objectives of the mobility:

OBIETTIVI GENERALI DELLA MOBILITÀ

Added value of the mobility (in the context of the modernisation and internationalisation strategies of the institutions involved):

Activities to be carried out:

Expected outcomes and impact (e.g. on the professional development of the staff member and on both institutions):

Section to be completed BEFORE THE MOBILITY

PROPOSED MOBILITY PROGRAMME

Language of training:

Overall objectives of the mobility:
Added value of the mobility (in the context of the modernisation and internationalisation strategies of the institutions involved): <p style="text-align: center;">IL VALORE AGGIUNTO DELLA MOBILITÀ</p>
Activities to be carried out:
Expected outcomes and impact (e.g. on the professional development of the staff member and on both institutions):

Section to be completed BEFORE THE MOBILITY

PROPOSED MOBILITY PROGRAMME

Language of training:

Overall objectives of the mobility:
Added value of the mobility (in the context of the modernisation and internationalisation strategies of the institutions involved):
Activities to be carried out: <p style="text-align: center;">LE ATTIVITÀ CHE SARANNO SVOLTE</p>
Expected outcomes and impact (e.g. on the professional development of the staff member and on both institutions):

Section to be completed BEFORE THE MOBILITY

PROPOSED MOBILITY PROGRAMME

Language of training:

Overall objectives of the mobility:
Added value of the mobility (in the context of the modernisation and internationalisation strategies of the institutions involved):
Activities to be carried out:
Expected outcomes and impact (e.g. on the professional development of the staff member and on both institutions):

I RISULTATI ATTESI E L'IMPATTO

COMMITMENT OF THE THREE PARTIES

By signing⁸ 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 sending 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.

<p>The staff member</p> <p>Name:</p> <p>Signature: _____ Date: _____</p>
<p>The sending institution/enterprise</p> <p>Name of the responsible person: M^o Gianpaolo Schiavo, Director</p> <p>Signature: _____ Date: _____</p>
<p>The receiving institution</p> <p>Name of the responsible person:</p> <p>Signature: _____ Date: _____</p>

¹ 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.

² **Seniority:** Junior (approx. < 10 years of experience), Intermediate (approx. > 10 and < 20 years of experience) or Senior (approx. > 20 years of experience).

³ **Nationality:** Country to which the person belongs administratively and that issues the ID card and/or passport.

⁴ **Erasmus Code:** A unique identifier that every higher education institution that has been awarded with the Erasmus Charter for Higher Education receives.. It is only applicable to higher education institutions located in Programme Countries.

⁵ **Country code:** ISO 3166-2 country codes available at: <https://www.iso.org/obp/ui/#search>.

⁶ All references to "**enterprise**" are only applicable to mobility for staff between Programme Countries or within Capacity Building projects.

⁷ The top-level NACE sector codes are available at http://ec.europa.eu/eurostat/ramon/nomenclatures/index.cfm?TargetUrl=LST_NOM_DTL&StrNom=NACE_REV_2&StrLanguageCode=EN

⁸ 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 Partner Countries: the national legislation of the Programme Country).

COMMITMENT OF THE THREE PARTIES

By signing⁸ 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.

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The staff member and the sending 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: MARIO ROSSI	
Signature: <i>firma autografa</i>	Date: 25.10.2021
The sending institution/enterprise	
Name of the responsible person: M° Gianpaolo Schiavo, Director	
Signature:	Date:
The receiving institution	
Name of the responsible person:	
Signature:	Date:

¹ 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.

² **Seniority:** Junior (approx. < 10 years of experience), Intermediate (approx. > 10 and < 20 years of experience) or Senior (approx. > 20 years of experience).

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