#### **NAME:**

#### **Section to be completed BEFORE THE MOBILITY**

#### **I. 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):** |