Swiss-European Mobility Programme

Staff Mobility for Training

Final Report

Academic Year 20XX/20XX

Identification of the home institution (to be prefilled by the home institution)

|  |  |
| --- | --- |
| Name of the higher education insitution | Name of the higher education institution |
| City, country | City, country |

1. Identification of the staff member

|  |  |
| --- | --- |
| Your name (family, given) | Your name |
| Your gender | male [ ]  female [ ]  |
| Your Nationality | Your Nationality |
| Your academic field/area of work | Your academic field/area of work |
| Your degree of experience | junior (0-10 years of experience) [ ]  intermediate (10-20 years of experience [ ]  senior (more than 20 years of experience) [ ]  |
| E-Mail | E-Mail |

1. Mobility data

|  |  |
| --- | --- |
| Your host higher education enterprise, city, country | Your host higher education enterprise, city, country |
| Size of host enterprise | small (up to 50 staff) [ ]  medium (51-250 staff) [ ] large (more than 250 staff) [ ]  |
| Type of activity | Workshop [ ]  Training [ ]  Job Shadowing [ ] other [ ]   |
| Language of training | Language of training |
| Dates of mobility  | from from to to (excluding travelling days) |

1. Organisation of stay

Mention features such as:

* Preliminary contacts with the host institution (who, why has chosen it and how? Does the department concerned already have cooperation activities? etc).
* Preparation of the teaching period abroad (linguistic preparation, production of teaching material, etc)
* \_\_\_
1. Content of the activities

Mention features such as:

* Visits, training, joint work, etc.
* Individual vs. multi-partner activities; level of integration in the hosting institution
* Other activities developed/implemented in the host institution
* \_\_\_
1. Evaluation of the mobility period

Were the expected results defined in the work plan met?

Yes [ ]  No [ ]

Did you get additional results? Yes [ ]  No [ ]

If yes, please specify: \_\_\_\_\_\_

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| --- |
| **Remarks on positive elements and/or difficulties encountered** |
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Please evaluate the quality of the mobility period (Scale: 1=poor/negative, 5=excellent)

 1 2 3 4 5

Judgement of the outcome of the mobility [ ]  [ ]  [ ]  [ ]  [ ]

Judgement of social/cultural benefits of the mobility [ ]  [ ]  [ ]  [ ]  [ ]

Overall evaluation of your Erasmus mobility [ ]  [ ]  [ ]  [ ]  [ ]

|  |
| --- |
| **Recommendations to disseminate and exploit the experience/results of your mobility in your department/institution** |
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|  |
| --- |
| **Suggestions (ways in which the scheme could be improved etc.)** |
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Date: Date Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_