Swiss-European Mobility Programme

Staff Mobility for Training (STT)

Grant Agreement

Academic Year 20XX/20XX

|  |  |
| --- | --- |
| **between** | Pädagogische Hochschule Thurgau/Thurgau University of Teacher Education |
| **and** | Last name, first name Official address |

Details of staff member

|  |  |
| --- | --- |
| **First name, last name** | First name, last name |
| **Home University** | Home University  |
| **E-Mail** | E-Mail |
| **Date of birth** | Date of birth |
| **Account details for reimbursement (IBAN)** | Account details for reimbursement (IBAN) |

Details of mobility

|  |  |
| --- | --- |
| **Host university** | Pädagogische Hochschule Thurgau (CH THURGAU 01) |
| **Country** | Switzerland |
| **Prospective start of mobility** | start |
| **Prospective end of mobility** | end |

Bank details

|  |  |
| --- | --- |
| **Name of Account Holder** | Name of Account Holder |
| **Name of Bank** | Name of Bank |
| **Address and Place of Bank**  | Address and Place of Bank |
| **SWIFT/BIC** | SWIFT/BIC |
| **IBAN** | IBAN |

The mobility will be financed with funds provided by the Swiss Confederation represented by the State Secretariat for Education, Research and Innovation (SERI) in the amount of CHF 170.- a day.

The exact amount depends on the actual duration of the mobility, confirmed by the Certificate of Attendance. Travel costs will be reimbursed on the basis of real costs (up to CHF 600.-).

* The training programme (Mobility Agreement) and the final report are part of this agreement.
* If the mobility does not take place or ends early, the full grant or part of it shall be reimbursed.

I, (name), confirm that I have sufficient insurance cover for illness, accident, travel and liability for the entire duration of the mobility period.

Place, date: Place, date

Signature staff member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_