

Swiss-European Mobility Programme – Staff Mobility for Training

**Final report**

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| 1. **Identification of the home institution** |
| **Name of the higher education institution:**  **City, country:** |

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| 1. **Identification of the staff member** |
| **First name, last name:**  **Sex:** M  F  **Nationality:**  **Your academic field/area of work**:  **Your degree of experience:**   |  |  | | --- | --- | | junior (0-10 years) |  | | intermediate (10-20 years) |  | | senior (more than 20 years) |  |   **Your email address**: |

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| 1. **Mobility data** |
| **Your host higher education institution/enterprise/organisation:**  **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:**  **Dates of mobility period abroad (excluding travelling days):       -** (dd-mm-20yy – dd-mm-20yy) |

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| 1. **Organisation of stay** |
| **Mention features such as:**   * Preliminary contacts with the host institution/organisation (Who, and why was it chosen and how?, Does the department/organisation concerned already have cooperation activities?, etc.). * Preparation of the training period abroad (linguistic preparation, production of teaching material, etc.). |

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| 1. **Content of the activities** |
| **Mention features such as:**   * Visits, training, joint work, etc. * Individual vs. multi-partner activities, level of integration in the host institution * Other activities developed/implemented by the host institution |

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| 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:**    **Remarks on positive elements and/or difficulties encountered:**    **Please evaluate the quality of the mobility period**  Scale from 1 (poor/negative) to 5 (excellent)  Judgement of the outcome of the mobility:  1  2  3  4  5  Judgement of social/cultural benefits of the mobility:  1  2  3  4  5  Overall evaluation of your mobility:  1  2  3  4  5 |
| **Recommendations to disseminate and exploit the experience/results of your mobility in your department/institution:**    **Suggestions (ways in which the scheme could be improved, etc.):** |

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| **Place, Date:       Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |