

Swiss Programme for Erasmus+ / Swiss-European Mobility Programme SEMP
Call 2022

Application form for mobility consortium Quality certificate

General information

This form is to be filled out by organisations or institutions wishing to be accredited as mobility consortium under the Swiss Programme for Erasmus+ / Swiss-European Mobility Programme SEMP.

At least two organisations must be part of the consortium, of which at least one has to be an officially recognised [Swiss university](#) or a [college of higher education](#) with federally recognised education and training programmes. Please see the [Erasmus+ Programme Guide](#) and the SEMP Guide Call 2022 for more information about mobility consortium for higher education.

This accreditation is valid for the whole duration of the Swiss Programme for Erasmus+ (2018-2022). In case Switzerland will be associated to the Erasmus+ programme in 2023, this accreditation is no longer valid.

Within the framework of the Swiss programme on Erasmus+ at tertiary level, consortia with an accreditation are entitled to apply for funding for mobility of individuals (Swiss-European Mobility Programme SEMP) and to promote mobilities.¹ Consortia planning to implement mobility activities in Call 2022 also have to submit an application for mobility.

Please fill in all fields and answer the questions as detailed as possible. Additional attachments to the document are not necessary. Incomplete applications will not be considered.

Submission

Application form be submitted via e-mail to
Email
Telephone
Website
Submission deadline

Movetia
erasmus@movetia.ch
+41 32 462 00 50
www.movetia.ch
1 March 2022

¹ Colleges of higher education are entitled to promote mobility in the framework of their tertiary level education programmes.

A Consortium organisation

A.1 Applicant institution

Name _____
Address _____
Post code / City _____
Website _____

A.2 Contact person

Title _____
First name / Surname _____
Department _____
Position _____
Address (if different from the one of the institution) _____
Post code / City _____
Email _____

A.3 Legal representative

Title _____
First name / Surname _____
Department _____
Position _____
Address (if different from the one of the institution) _____
Post code / City _____
Email _____

A.4 Background and experience

a. Please briefly present your institution, including information on its aims, target groups, regular activities and other relevant aspects.

b. What are the activities and experience of your institution in the areas relevant for this consortium? Did your organisation already coordinate a mobility consortium?

c. What are the skills and expertise of key staff/person of your institution related to the purpose of this consortium?

Please add your national partners of the mobility consortium:

A.5 Partner organisation

Name _____
Address _____
Post code / City _____
Website _____
Email _____
Telephone _____

A.5.1 Profile

Is your partner organisation a public body? _____
Is your partner organisation a non-profit? _____

A.5.2 Legal representative

Title _____
First Name / Surname _____
Department _____
Position _____
Address (if different from the one of the organisation) _____
Post code / City _____
Email _____

A.6 Partner organisation

Name _____
Address _____
Post code / City _____
Website _____
Email _____
Telephone _____

A.6.1 Profile

Is your partner organisation a public body? _____
Is your partner organisation a non-profit? _____

A.6.2 Legal representative

Title _____
First Name / Surname _____
Department _____
Position _____
Address (if different from the one of the organisation) _____
Post code / City _____
Email _____

A.7 Partner organisation

Name _____
Address _____
Post code / City _____
Website _____
Email _____
Telephone _____

A.7.1 Profile

Is your partner organisation a public body?
Is your partner organisation a non-profit?

A.7.2 Legal representative

Title
First Name / Surname
Department
Position
Address (if different from the one of the organisation)
Post code / City
Email

B Description of the consortium

- What are the objectives of the mobility consortium?
- What are the issues and needs you are seeking to address through the consortium, in particular compared to the individual higher education institution or other partner organisations as members of the consortium?
- What mobility activity types will be carried out?

- Why and how did you choose your consortium partners?
- If applicable, what experience and competences will enterprises and/or other organisations bring to the consortium?

B.1 Management

- Please describe your consortium management with reference to, for instance,
 - pooling and sharing of tasks/resources within the consortium,
 - setting up of inter-institutional agreements with international partners,
 - finding host organisations/enterprises and
 - preparing learning agreements or mobility agreements with participants if it offers an added value compared to organising it individually by the consortium HEI members.

B.2 Mobility: preparation for individual participants

- What kind of preparation will be offered by the consortium to mobile participants in addition to or instead of the arrangements by the individual consortium HEIs members (e.g. task-related, intercultural, linguistic, risk-prevention, special needs, etc.)?
- Who will provide such preparatory activities?

B.3 Main activities

- a. Please provide information about the following aspects:
- What are the roles and responsibilities of each partner (including the applicant / coordinator) in the activities of the consortium?
 - Will the consortium or will the individual members provide information and support to individual participants before, during and after the mobility including on recognition issues?
 - Who is in charge of selecting participants and taking measures concerning the participation of disadvantaged groups?
 - If the consortium is dealing with these issues, please describe:
 - o How do you intend to cooperate and communicate with your consortium partners and other relevant stakeholders?
 - o How will monitoring arrangements be put in place for participants during their mobility periods?
 - o Who will monitor their mobility programme and progress?

B.4 Summary

- a. Please provide a short summary of your mobility consortium. Please be concise and clear, and mention at least:
- the objectives of your consortium,
 - the basic elements of the main activities,
 - a short description of the results and impact envisaged

C Summary of members as partners in the mobility consortium

Name of the institution/organisation	Type of institution/organisation
_____	_____
_____	_____
_____	_____
_____	_____

D Signature

I, the undersigned, legal representative of the applicant institution, certify that the information contained in this application form is correct to the best of my knowledge.

Place, date

Name of the applicant institution

Name of legal representative
(authorised signatory)

Signature

Stamp