



Professional Mobility Programme for Services Staff

# FINAL HOST DEPARTMENT'S REPORT

To be completed by the responsible/monitor of mobility at the host department (please, complete one report per mobility)

### [Host University]

DATA OF HOST DEPARTMENT						
Offer code:						
Name of department:						
Responsible/monitor of	Name and surname:					
mobility	Position:					
	Telephone:					
	E-mail:					
	,					
DATA OF THE GUEST STAFF						
Name and surname:						
Home department:						
Home University:						
Dates of stay:	From (day/month/yea	r) <b>to</b> (day/month/y	ear)			
Please, indicate your assessment of t	he mobility using the scale fror ient; 2 – Suficient; 3 – Good; 4					
LOGISTICS AND MANAGEMEN	T OF MOBILITY BY THE BE	NEFICIARY				
			1	2	3	4
1. Interests on mobility						
2. Management of mobility and stay						
3. Integration into the dynamic of the host working Group						
4. Commitment to implement the programme during the stay						





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CURRICULAR PROFILE OF BENEFICIARY			
5. Equivalence between home and host department			
6. Adequacy of curricular profile to the placement			
7. Linguistic and communication skills			
8. Adequacy of field and category of studies			
9. Adequacy of experience/field of work			
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BENEFICIES OBTAINED BY HOST DEPARTMENT			_
10. Exchange of work experiences			
11. Acquisition of new skills			
12. Acquisition of new tools and working methods			
13. Establishment and strengthening of contacts			
14. Opportunities for development of agreements or initiatives			
15. Contribution to the internationalization of the department			
16. Learning of new culture or working language			





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OTHER ASSESSMENTS
17. Please, list the carried out activities and how they contributed to the host department's experience (maximum 250 characters)
18. Positive aspects and aspects to be improved in the mobility (maximum 250 characters)
19. Positive aspects and aspects to be improved in the programme STELLA for Staff (maximum 250 characters)
20. ¿Would your department repeat the experience in future editions? Explain the reasons





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20. As host, ¿would you recommend the experience to other departments of your University? Explain the reasons
Date:
Signature of responsible/monitor of mobility:
Institutional seal:
A scanned copy of this form should be sent to the Compostela Group of Universities (grupo.compostela@usc.es) at the end of the mobility.