**SGroup InterContinental Academic Exchange Programme – ICon**

**End of Mobility Report and Reimbursement Claim**

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| **General information** |
| **First name and surname** |  |
| **Grant ID (provided by SGroup)** |  |

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| **Mobility report** |
| 1. **Real dates of mobility (including travel days)**
 |
| **From** |  |
| **To** |  |
| 1. **Please describe the overall objectives of the mobility period and how they were achieved (max. 500 characters).**
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| 1. **Detailed description of the work programme carried out per day.**
 |
| **Days**  | **Activities/accomplishments** |
| **Day 1** |  |
| **Day 2** |  |
| **Day 3** |  |
| **Day 4** |  |
| **Day 5** |  |
| **(Add rows if necessary)** |  |
| 1. **Personal and professional outcomes of the mobility for the grantee:**
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| 1. **Outcomes of the mobility for the home institution:**
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| 1. **Outcomes of the mobility for the host institution:**
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| 1. **Expected future collaboration between the home and host institution in joint projects, research, education and/or partnerships:**
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| 1. **Outcomes of the mobility for SGroup:**
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| **Evaluation**  |
| **1. Support from home institution before the mobility:** | **Excellent** | **Good** | **Satisfactory** | **Poor** |
| Preparation of the work programme |  |  |  |  |
| Preparation and sending the needed documents |  |  |  |  |
| Efficiency in answering questions or reacting to doubts |  |  |  |  |
| **2. Support from host institution before the mobility:** | **Excellent** | **Good** | **Satisfactory** | **Poor** |
| Preparation of the work programme |  |  |  |  |
| Preparation and sending the needed documents |  |  |  |  |
| Efficiency in answering questions or reacting to doubts |  |  |  |  |
| Information about the university |  |  |  |  |
| Information about the city and local events |  |  |  |  |
| **3. Implementation of the mobility:** | **Excellent** | **Good** | **Satisfactory** | **Poor** |
| Achievement of the work programme foreseen |  |  |  |  |
| Information and support provided by host institution |  |  |  |  |
| Opportunities for sharing knowledge and experiences |  |  |  |  |
| Availability from the staff of the host institution to network  |  |  |  |  |
| General organisation of the mobility |  |  |  |  |
| **4. The ICon programme:** | **Excellent** | **Good** | **Satisfactory** | **Poor** |
| Implementation of the programme by SGroup |  |  |  |  |
| Support provided by SGroup  |  |  |  |  |
| Overall evaluation of the mobility |  |  |  |  |
| Overall satisfaction with the ICon programme |  |  |  |  |

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| **5. Please leave any recommendations for future ICon grantees who visit the same host city/institution (i.e., accommodation, general tips about the city, etc)** |
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| **6. Any other comments:** |
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| --- | --- | --- |
| **7. Considering your experience, would you be interested in:** | **Yes**  | **No** |
| Recommending the ICon programme to a colleague |  |  |
| Participating in future dissemination activities of the ICon Programme |  |  |
| Repeating this experience in the future |  |  |

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| **Information for grant reimbursement** |
| **Name of the bank** |  |
| **Account number** |  |
| **IBAN** |  |
| **SWIFT** |  |
| **Expenses to be reimbursed up to 1000€[Payment proof of each expense must be attached in the same email as this form.]** |
| **Date** | **Description** | **Cost in local currency (if applicable)** | **Cost in EUR** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | (add rows if needed) |  |  |
| Total |  |  |

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| **Additional attachments checklist** |
| **Ensure you have all the necessary documents for your report to be approved by checking them with an X.** |
|  | **Photos of your mobility [at least 3]. In case you do not agree these photos are shared on SGroup website, social media and/or newsletter, please indicate so in your email.** |
|  | **Payment proof of each expense indicated in this form.** |

**To submit your report and request for reimbursment, send this document and the attachments required above via email to sgroup@sgroup-unis.eu. Thank you.**