

STAFF TRAINING
- MINIMUM REQUIREMENTS FOR THE WORK PROGRAMME –
OUTGOING/INCOMING
ACADEMIC YEAR 20.../20.....

Name of the participant:
.....
Name of the home institution/department or enterprise:
..... Country:

Name and position of the contact person from the home institution/ enterprise:
.....

Name of the home institution/department or enterprise:
..... Country:

Name and position of the contact person from the home institution/ enterprise:
.....

Information relating to the sending or hosting enterprise:

Size of the enterprise: 1 - 50 staff
 51 - 500 staff
 > 500 staff

Sector (nomenclature):

Duration:

Overall aim and objectives of the mobility:
.....
.....
.....

Activities to be carried out and, if possible, the programme for the period:

.....
.....
.....

Expected results:

.....
.....
.....

Signature of the participant:

..... Date:

SENDING INSTITUTION

We confirm that the proposed work programme is approved.
coordinator's signature

.....
Date:.....

RECEIVING INSTITUTION

We confirm that the proposed work programme is approved.
coordinator's signature

.....
Date:.....