**Erasmus+ WORK PROGRAMME FOR**

**VET STAFF MOBILITY**

**I. DETAILS ON THE PARTICIPANT**

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| Name of the participant:      Sending institution (name, address):       Contact person (name, function, e-mail, tel):        |

**II. DETAILS OF THE PROPOSED TRAINING PROGRAMME ABROAD**

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| Receiving organisation (name address):       Contact Person (name, function, e-mail, tel):        |

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| Planned dates of start and end of the mobility period:        |

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| **Detailed programme of the training period**:  |
| **Monitoring arrangements**:  |
| **Foreseen use of outcomes, evaluation**:   |

**III. COMMITMENT OF THE PARTIES INVOLVED**

**By signing this document, the participant, the sending organisation and the receiving organisation confirm that they will implement the work programme as described above.**

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| **THE PARTICIPANT** Participant’s signature.................................................................. Date: ................................................................... |

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| **THE SENDING INSTITUTION**We confirm to implement the proposed work programme. |
| Coordinator's signature.................................................................. | Date: ................................................................... |

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| **THE RECEIVING ORGANISATION**We confirm to implement the proposed work programme. |
| Coordinator's signature ................................................................. | Date: ................................................................... |