**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: ................................................................... |