####

#### NATIONAL AND KAPODISTRIAN UNIVERSITY OF ATHENS

##### STAFF MOBILITY FOR TRAINING

###### CERTIFICATE OF ATTENDANCE

|  |  |
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| **Name of the Staff Member:****Function:****SENDING INSTITUTION:****ERASMUS code:** | ­­­­­­­­NATIONAL AND KAPODISTRIAN UNIVERSITY OF ATHENSG ATHINE01 |

**Academic Year 2019-2020**

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| --- | --- |
| **RECEIVING INSTITUTION/ORGANIZATION:****Department /Faculty:****Contact Person:****Type of training:****ID Erasmus code (if applicable):****Subject area code:** |  Job shadowing Staff training week |

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| --- |
| **Number of Training days (min. 2 days): \_\_\_\_\_\_\_\_\_**First date of Training: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Last date of Training: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Training Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Number of training hours: \_\_\_\_\_\_\_\_\_ (8 hours min.)** |

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| **Activities carried out:** |  |
| **Outcomes:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name** | **Signature** | **Date** | **Stamp** |
| **The Receiving Institution:**Name of the responsible person |  |  |  |  |

### *Please complete and return this form after the visit to:*

***European and International Relations Department /National and Kapodistrian University of Athens /*** *e-mail erasmus@uoa.gr*