#### 

#### NATIONAL AND KAPODISTRIAN UNIVERSITY OF ATHENS

##### STAFF MOBILITY FOR TRAINING

###### CERTIFICATE OF ATTENDANCE

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

**Academic Year 2019-2020**

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

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

|  |  |
| --- | --- |
| **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*