

Erasmus+/KA171 International Mobility

Staff Mobility for Training

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| NAME OF THE STAFF MEMBER: HOME DEPARTMENT: TYPE OF MOBILITY: **Επιλέξτε ένα στοιχείο.**RECEIVING INSTITUTION: ERASMUS CODE (IF APPLICABLE): RECEIVING DEPARTMENT: ACADEMIC YEAR: NUMBER OF TRAINING DAYS: **5**FROM: Κάντε κλικ ή πατήστε για να εισαγάγετε ημερομηνία.TO: Κάντε κλικ ή πατήστε για να εισαγάγετε ημερομηνία.LANGUAGE(S) OF TRAINING: NUMBER OF TRAINING HOURS (MIN. 8 HOURS PER WEEK): [[1]](#footnote-1)[[2]](#footnote-2)***This document serves to certify that the staff mobility was successfully carried out in accordance with the regulations of the Erasmus+ programme and in full alignment with the terms mutually agreed upon and outlined in the Mobility Agreement.*** |

CERTIFICATE OF TRAINING

**For the Receiving Institution**

[signature] [stamp]

[name / position]

Done at [place], [date\*]

1. The above information must be completed by the participant and verified by the responsible person at the receiving institution. [↑](#footnote-ref-1)
2. The document cannot be signed before the last day of mobility [↑](#footnote-ref-2)