Εικόνα που περιέχει γραμματοσειρά, σύμβολο, Μπελ ηλεκτρίκ, στιγμιότυπο οθόνης

Περιγραφή που δημιουργήθηκε αυτόματα

Erasmus+/KA171 International Mobility

Staff Mobility for Training

|  |
| --- |
| 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)