####

#### 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:** **NATIONAL AND KAPODISTRIAN UNIVERSITY OF ATHENS****ERASMUS code:** **G ATHINE01** |

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| **RECEIVING INSTITUTION/ORGANIZATION:** …………………………………………………………………………………..**Department /Faculty:** ………………………………………………………………………………………………………………**Contact Person:** …………………………………………………………………………………………………………………….**Erasmus code (if applicable):** ………………………………………………………………………………………………… **Job shadowing** **Staff training week** |

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| **Number of Training days (excluding travel days) ………………**First date of Training: ………/ ………/ ………/ Last date of Training: ………/ ………/ ………/ Training Language: ……………………………………… Number of training hours: ……………… |

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