#### 

#### 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** |  |  |