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**ERASMUS + WORK PROGRAMME FOR VET STAFF MOBILITY**

**I. DETAILS ON THE PARTICIPANT**

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| Name of the participant:      Field of vocational education:      Sending institution (name, address):      Contact person (name, function, e-mail, tel):       |

**II. DETAILS OF THE PROPOSED TRAINING PROGRAMME ABROAD**

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| Receiving organisation (name address):      Contact Person (name, function, e-mail, tel):       |

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| Planned dates of start and end of the mobility period:       |

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| - Detailed programme of the training period: |
| - Monitoring arrangements: |
| - Foreseen use of outcomes, evaluation: |

**III. COMMITMENT OF THE PARTIES INVOLVED**

**By signing this document, the participant, the sending institution and the receiving organisation confirm that they will implement the work-programme as described above.**

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| **THE PARTICIPANT**Participant’s signature |
| ....................................................................... | Date: ................................................................... |

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| **THE SENDING INSTITUTION**We confirm to implement the proposed work programme. |
| Coordinator’s signature....................................................................... | Date: ................................................................... |

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| **THE RECEIVING INSTITUTION**We confirm to implement the proposed work programme. |
| Coordinator’s signature....................................................................... | Date: ................................................................... |