



TRAINING PROGRAMME & WORK PLAN

The person participating in this programme is required to provide a short programme endorsed by the three parties (applicant, sending institution and host institution) and containing the following minimum requirements.

NAME

Position

Department

Home Institution

HOST INSTITUTION OR ENTERPRISE

Department

Contact person

Position

Sector

Length of stay

Days

Weeks

Months

Dates: From:

To:

Overall aim and objectives of the mobility

Programme of activities to be carried out

Expected results

SIGNATURES:

Applicant:

Signature:

Name:

Date:

Receiving Institution:

Signature:

Stamp:

Name:

Date:

Position:

Sending Institution:

Signature:

Stamp:

Name:

Date:

Position: