

## ERASMUS + WORK PROGRAMME FOR VET STAFF MOBILITY

### I. DETAILS ON THE PARTICIPANT

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

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

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.**

<b>THE PARTICIPANT</b>
Participant's signature
..... Date:

**THE SENDING INSTITUTION**

We confirm to implement the proposed work programme.

Coordinator's signature

.....

Date: .....

**THE RECEIVING ORGANISATION**

We confirm to implement the proposed work programme.

Coordinator's signature

.....

Date: .....