

STAFF TRAINING - MINIMUM REQUIREMENTS FOR THE WORK PROGRAMME -

ACADEMIC YEAR 20.../20...

Name of the participant:

Name of the home institution / department or enterprise:

Country:

ERASMUS-Code: EUC-No:

Name and position of the contact person from the home institution / enterprise:

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Name of the host institution / department or enterprise:

Country:

ERASMUS-Code: EUC-No:

Name and position of the contact person from the home institution / enterprise:

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Information relating to the sending or hosting enterprise:

Size of the enterprise:

- Small: 1- 50 staff
- Medium: 51 – 500 staff
- Large: > 250 staff

Sector (type of host enterprise):

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Duration:.....

Overall aim and objectives of the mobility:

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Activities to be carried out and , if possible, the programme for the period:

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Expected results:

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Signature of the participant: Date:

SENDING INSTITUTION

Coordinator's signature

Date:

Place:

Receiving INSTITUTION

Coordinator's signature

Date:

Place: