



STAFF MOBILITY FOR TRAINING

Confirmation of Attendance

(to be signed at the last day of the stay)

Name of institution: _____

ERASMUS-Code (if applicable): _____

I herewith confirm that

Ms./Mr. _____ (title and name) has taken

part in _____ days of job shadowing/ training/ workshop activities at our institution in
the framework of the ERASMUS+ mobility programme.

First day, at which the participant needed to be present at the institution: _____
(not including travel days)

Last day, at which the participant needed to be present at the institution: _____
(not including travel days)

Responsible at host institution:

Name: _____

Function: _____

E-Mail: _____

Date, place:

Signature and stamp