**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: |

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

**III. COMMITMENT OF THE PARTIES INVOLVED**

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

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

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

|  |  |
| --- | --- |
| **THE RECEIVING ORGANISATION**  We confirm the implement the proposed programme. | |
| Coordinator’s signature  ................................................................. | Date: ................................................................... |