**Section to be completed AFTER THE MOBILITY**

**Confirmation of Erasmus Staff Training**

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| Participant´s name: |  |
| Start date of the training activity: |  |
| End date of the training activity: |  |
| Language of Training: |  |
| Type of the training activity: | [ ]  Workshop[ ]  Training[ ]  Shadowing[ ]  Other – please, specify: ………………………………… |
| Training activity to develop pedagogical and / or curriculum design skills was included: | [ ]  Yes[ ]  No |

The training was conducted in accordance with the programme of the training approved in the Mobility Agreement.

**Name of the receiving institution:**

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**Name of the responsible person in the receiving institution:**

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**Signature of the responsible person in the receiving institution, stamp and date:**

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