

## 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 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.**

**THE PARTICIPANT**

Participant's signature

II.7 VET Mobility Agreement Staff – 2015

..... 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: .....