

**STAFF TRAINING**  
**- MINIMUM REQUIREMENTS FOR THE WORK PROGRAMME -**  
**OUTGOING / INCOMING**  
**ACADEMIC YEAR 20.../20...**

Name of the participant: .....

Name of the home institution / department or enterprise:  
..... Country: .....

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

Name of the host institution / department or enterprise / department:  
..... Country: .....

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

Information relating to the sending or hosting enterprise:

Size of the enterprise:  1- 50 staff  
 51 – 500 staff  
 > 500 staff

Sector (nomenclature): .....

Duration:.....

Overall aim and objectives of the mobility:  
.....  
.....  
.....

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

.....  
.....  
.....

Expected results:

.....  
.....  
.....

Signature of the participant:

..... Date: .....

**SENDING INSTITUTION**

We confirm that the proposed work programme is approved.

coordinator's signature

.....

Date: .....

**RECEIVING INSTITUTION**

We confirm that the proposed work programme is approved.

coordinator's signature

.....

Date: .....