



Education and Culture DG

Lifelong Learning Programme

ERASMUS PROGRAMME

STAFF TRAINING

WORK PROGRAMME

I. DETAILS OF THE STAFF MEMBER:

Name of the staff member:

Contact details:

Academic year:

Name of the home institution/department and Erasmus ID code:

Country:

I. DETAILS OF THE PROPOSED WORK PROGRAMME ABROAD:

Name of the host organisation (institution / enterprise):

Country:

Address:

Size of the host organisation: S = Small (1- 50 staff) M = Medium (51-500 staff) L = Large (>500 staff)

Type of training sector:

Name of the contact person from the host organisation:

Position of the contact person from the host organisation:

Planned duration of the training period: from till , that is days.

Overall aim and objectives of the training:

Activities to be carried out (if possible the programme for the period):

Expected results:

II. COMMITMENT OF THE THREE PARTIES

The staff member

Date and signature:

The home institution

We confirm that this proposed work programme is approved.

Coordinator's name and function:

Date and signature:

The host organisation

We confirm that this proposed work programme is approved.

Coordinator's name and function:

Date and signature: