**LETTER OF CONFIRMATION**

**ERASMUS+ Staff mobility for Training (STT) / Teaching (STA)**

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We hereby confirm that the below mentioned person from the **Biotechnical centre Naklo – Higher Vocational College** (Erasmus code: **SI NAKLO01**), has successfully accomplished Erasmus Staff Mobility for Training/Teaching (select), agreed in her/his Mobility Agreement.

***to be filled in by the mobility participant:***

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| --- |
| Name and surname of the person: |
| Name and address of host institution: |
| Erasmus code of host institution (if applicable): |
| Dates of start and end of mobility period (day, month, year) from: till:  |
| Number of working days: |
| Performed activities at the host institution:Gained experiences during the staff training: |

***to be filled in by the host institution:***

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| --- |
| Responsible person at the host institution:Name and surname:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stamp:Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |