**4. Staff Mobility Agreement**

**and training program**

**ERASMUS+ PROGRAM**

**KA106 VET STAFF MOBILITY**

**2020-2025**

**I. DETAILS ON THE PARTICIPANT**

|  |
| --- |
| Name of the participant:  Field of vocational education:  Sending institution (name, address):  Contact person (name, position, e-mail, tel): |

**II. DETAILS OF THE PROPOSED TRAINING PROGRAMME ABROAD**

|  |
| --- |
| Receiving organisation (name address):  Contact Person (name, position, e-mail, tel): |

|  |
| --- |
| Planned dates of start and end of the mobility period: |

|  |
| --- |
| - Detailed programme of the training period (detaljert program for hospitering): |
| - Foreseen use of outcomes, evaluation (bruk av faglig utbytte, evaluering): |

**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  ........................................................................... 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: ................................................................... |