**4. Staff Mobility Agreement**

**and training program**

**ERASMUS+ PROGRAM**

**KA106 VET STAFF MOBILITY**

**2020-2025**

**I. DETAILS ON THE PARTICIPANT**

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| 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**

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

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

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| --- |
| - 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.**

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| **THE PARTICIPANT** Participant’s signature........................................................................... Date:  |

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| --- |
| **THE SENDING INSTITUTION**We confirm to implement the proposed work programme.  |
| Coordinator’s signature.......................................................................... | Date: ................................................................... |

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| **THE RECEIVING ORGANISATION**We confirm to implement the proposed work programme. |
| Coordinator’s signature................................................................. | Date: ................................................................... |