



Erasmus+

ERASMUS+ MOBILITY STA

WORK PLAN

The application should be filled out electronically, printed and signed.

OUTGOING STAFF

NAME OF STAFF MEMBER	
ACADEMIC DEGREE /JOB TITLE	
TEL	
E-MAIL	
POSITION	
NAME OF DEPARTMENT AT THE HOME INSTITUTION	

HOME INSTITUTION

HOME INSTITUTION	
DEPARTMENT	
ADDRESS	
CONTACT PERSON AT THE HOME INSTITUTION, POSITION	
TEL	
FAX	
E-MAIL	



HOST INSTITUTION

HOST INSTITUTION	
ADDRESS	
PIC/ERASMUS ID CODE	
DEPARTMENT	
ADDRESS (Place of implementation activity- if is different than head office of host institution)	
CONTACT PERSON AT THE HOME INSTITUTION, TITLE AND POSITION	
TEL	
FAX	
E-MAIL	

MOBILITY PROGRAMME

FEILD /SUBJECT AREA OR TRAINING	
DURATION OF STAY FROM (DD/MM/YY- first day of activity) TILL (DD/MM/YY)	
NUMBER OF DAYS ATTENDED TO THE ACTIVITY (excluding travel)	
MAIN LANGUAGE DURING ACTIVITY	
TITLE OF TRAINING SUBJECT	
CONTENT OF ACTIVITY	<input type="checkbox"/> Language training <input type="checkbox"/> Study visit <input type="checkbox"/> Getting traning <input type="checkbox"/> Job-Shadowing <input type="checkbox"/> Seminar <input type="checkbox"/> Workshop <input type="checkbox"/> Other (explain)
AIM OF MOBILITY	
ADDED VALUE OF THE MOBILITY (both for the host institution and for the teacher)	
EXPECTED RESULTS, I.E. HOW IS THE MOBILITY GOING TO AFFECT YOUR FUTURE PROFFESIONAL WORK AT THE HOME INSTITUTION?	



DETAILED WORK PROGRAMME (OBLIGATORY FRAMEWORK PROGRAMME)

ACTIVITIES PLANNED DURING THE STAY AT THE HOST INSTITUTION	Day 1	
	Day 2	
	Day 3	
	Day 4	
	Day 5	

Date:

Signature (outgoing staff):

Approved by:

(Fill out by hand)

Home institution:

Dean/Legal representative of the institution:

Signature: _____

Date: _____

Stamp of the institution:

Host institution:

Host profesor/Dean/Erasmus

coordinator :

Signature: _____

Date: _____

Stamp of the institution: