

**CERTIFICATE OF ATTENDANCE TRAINING STAFF MOBILITY 2024-2025**

**Surname and forename of visiting staff:**

…………………………………………………..….…………………………………………………………………..

**Institution visited:**

…………………………………………………………………………………………………………………………..

**ERASMUS code:** ………………………………

**Department visited:** ………………………………………………………………………………………….

**Date of the visit:** from (day/month/year)until (day/month/year) ................................................................................................................................

**Duration of the activity** (in days)**:** …………… at the hosting university

**Type of the activity:** Workshop ☐ Job Shadowing ☐ Training ☐ Other ☐

**Content of the training programme**

................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

Date and Signature: ............................................... Stamp