



**ERASMUS+  
STAFF TRAINING PROGRAMME  
- MINIMUM REQUIREMENTS FOR THE WORK PLAN -  
ACADEMIC YEAR 20\_\_\_/20\_\_\_**

Name of the participant: .....

Name of the home institution/department: .....

Country: .....

Name and position of the contact person from the home institution:  
.....

Name of the host institution/department or enterprise/department:  
.....

Country: .....

Name and position of the contact person from the host institution/enterprise:  
.....

Information relating to the hosting enterprise:

Size of the enterprise:  small 1- 50 staff  
 medium: 51 – 500 staff  
 large: > 500 staff

Sector (type of host enterprise):  
.....

Duration (days): ..... Arrival (date):                      Working Days:                      Departure (date):

Overall aim and objectives of the mobility:  
.....  
.....  
.....

Activities to be carried out and, if possible, the programme for the period:

.....

.....

.....

Expected results:

.....

.....

.....

Signature of the participant:

..... Date: ..... Place: .....

**SENDING INSTITUTION**

Date: ..... coordinator's signature:

Place: ..... .....

**RECEIVING INSTITUTION**

Date: ..... coordinator's signature:

Place: ..... .....

Please attach a detailed time table.