**[name of institution]**

**ERASMUS STAFF TRAINING PROGRAMME**

**Training Agreement 20\_\_/20\_\_**

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| **Name of Staff :** **E-mail :** **Department :** **Sending Institution :** **Erasmus Code :** **Erasmus Contact Person :**.  |

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| **Host Institution :** MIRCEA CEL BATRAN” NAVAL ACADEMY**Erasmus Code :** RO CONSTAN01**Erasmus Contact Person :** Cdr. IONEL ZIBILEANU |

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| **Subject area:****Duration :\_\_\_\_\_\_\_\_\_\_** **Arrival Time:** \_\_\_\_\_\_\_\_\_\_**Departure Time:**\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Objectives of the mobility:**  |

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| **Training Program:****Day 1 :** **Day 2:** **Day 3 :**  |

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| **Added value of the mobility/expected results (for host institution and teacher):** |

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| **NAME OF STAFF** **Date and signature :**  |

**SENDING INSTITUTION**

We confirm that this proposed training programme is approved.

**Date: \_\_\_\_\_\_\_\_\_\_** Signature…………………………………….

**RECEIVING INSTITUTION**

We confirm that this proposed training programme is approved.

**Date: \_\_\_\_\_\_\_\_\_\_\_** Signature…………………………………….