

## Letter of confirmation for STAFF TRAINING

### Academic Year ………..

##### To whom it may concern

**Name of institution/enterprise: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Duration of stay (days/weeks): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I herewith confirm that Ms. /Mr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (title and name)**

has taken part in the ERASMUS+ STAFF TRAINING Programme between

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of sending institution) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(name of receiving institution).

**Duration of stay (days): \_\_\_\_\_\_\_\_\_\_ from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ till: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date, place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**(Signature of the authorized person of the partner institution or enterprise/department)**