

**CERTIFICATE OF ATTENDANCE**

TRAINING STAFF MOBILITY 2022-2023

**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)**:** ……………………………………………………………....

**Type of the activity:**

Workshop ☐ Job Shadowing ☐

Training ☐ Other ☐

**Content of the training programme**

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