**WORK PROGRAMME FOR VET STAFF MOBILITY**

**Project „Transnational mobility for students and graduates and vocational staff trainings” implemented by the Foundation for the Development of the Education System in Warsaw co-financed by the European Union under the European Social Fund, Operational Programme Knowledge Education Development**

**I. DETAILS ON THE PARTICIPANT**

|  |
| --- |
| Name of the participant:  Field of vocational education:  Sending institution (name, address):  Contact person (name, function, e-mail, tel): |

**II. DETAILS OF THE PROPOSED TRAINING PROGRAMME ABROAD**

|  |
| --- |
| Receiving organisation (name address):  Contact Person (name, function, e-mail, tel): |

|  |
| --- |
| Planned dates of start and end of the mobility period: |

|  |
| --- |
| - Detailed programme of the training period: |
| - Monitoring arrangements: |
| - Foreseen use of outcomes, evaluation: |

**III. COMMITMENT OF THE PARTIES INVOLVED**

**By signing this document, the participant, the sending institution and the receiving organisation (and the intermediary organisation if applicable) confirm that they will implement the work-programme as described above.**

|  |
| --- |
| **THE PARTICIPANT**  Participant’s signature  ........................................................................... Date: |

|  |  |
| --- | --- |
| **THE SENDING INSTITUTION**  We confirm to implement the proposed work programme. | |
| Coordinator’s signature  ............................................................................. | Date: ................................................................... |

|  |  |
| --- | --- |
| **THE RECEIVING ORGANISATION**  We confirm to implement the proposed work programme. | |
| Coordinator’s signature  .............................................................................. | Date: ................................................................... |

|  |  |
| --- | --- |
| **THE INTERMEDIARY ORGANISATION (***if applicable)*  We confirm to implement the proposed work programme. | |
| Coordinator’s signature  ............................................................................. | Date: ................................................................... |