# **Confirmation of Erasmus+ Staff Training**

|  |  |
| --- | --- |
| Family name: |  |
| First name: |  |

SENDING INSTITUTION

|  |  |
| --- | --- |
| Country: | **Czech Republic** |
| Name of sending institution: | **Charles University** |
| Faculty/Department: |  |

RECEIVING INSTITUTION

|  |  |
| --- | --- |
| Country: |  |
| Name of receiving institution:  |  |
| Faculty/Department: |  |

This is to certify that the above named person undertook the Staff Training under the Erasmus+ programme at our institution from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ of the **2018/2019** academic year.

Main content of the training:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and function: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stamp: