# **CONFIRMATION OF ERASMUS+ STAFF MOBILITY**

**TEACHING ASSIGNMENT  / STAFF TRANING  / BIP**

**THE STAFF MEMBER**

|  |  |
| --- | --- |
| Full name: |  |

**SENDING INSTITUTION**

|  |  |
| --- | --- |
| Name of sending institution: | Charles University |
| Faculty/Department: |  |
| Erasmus ID code (if applicable): | CZ PRAHA07 |
| Country: | Czech Republic |

**RECEIVING INSTITUTION**

|  |  |
| --- | --- |
| Name of receiving institution: |  |
| Faculty/Department (if applicable): |  |
| Erasmus ID code (if applicable): |  |
| Country: |  |

**This is to certify that the staff member undertook the physical mobility within the framework of the ERASMUS+ programme from DD/MM/YYYY till DD/MM/YYYY**.

(excluding travel days)

**If applicable, the virtual part of the blended intensive programme took place from**

**DD/MM/YYYY till DD/MM/YYYY.**

|  |  |  |
| --- | --- | --- |
| **ACTIVITIES CARRIED OUT (teaching/training days only)[[1]](#footnote-1)** | | |
| Date | Teaching/Training activity | Hours |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

\*Add lines, if necessary

Date:

Signature of the receving institution representative:

Stamp of the receiving institution:

1. for staff trainings, can be substituted by attaching a copy of the final programme of the event (such as a staff week etc.) [↑](#footnote-ref-1)