ANNEX 2 WORK PLAN Curs 22-23

ERASMUS Work Plan – Staff Training Mobility

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| Name: .............................................................................................................................................Position: .........................................................................................................................................Department or unit: .......................................................................................................................Faculty: .......................................................................................................................................... Academic year: 20........ / .........   |

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| Host organisation: .......................................................................................................................Department………………......................................................................................................…….Country:…………………….........................................................……………………………………Name of contact............................................................................................................................Position:…………………..............................................................…………………………………. |

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| Dates of start and end of the training period: from …......../ ............/ 20....…. to …......../ ............/ 20....…. |
| - Overall Aims and Objectives of the Mobility:- Activities to be carried out (if possible attach a programme for the period) - Expected results |

**APPROVAL OF THE WORK PLAN**

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| **The sending Institution**Applicant signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Applicant’s Line Manager *(cap orgànic o directe del sol.licitant)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Departamental Manager *(cap superior del sol.licitant: Administrador de centre, cap d’Àrea, Vicerector, etc.)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Erasmus Institutional Coordinator of the UAB *(cap de l’ARI)*Katja SchustakowitzDate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **The host organisation**We confirm that this proposed work plan is approved.  |
| Coordinator’s signature………………………………..Name and Position:……………………………………Date: …………………………..............................….. |  |