

Staff Training Programme			
For the staff training grants, the selection of the HEI's staff and of the staff from an enterprise will be done by the sending (inviting for staff of enterprise) on the basis of a "work plan" submitted by the applicant and endorsed by both the sending and the host institution or enterprise.			
Name of the home Institution/department and ERASMUS ID Code			
Name of the contact person from the home institution		Function	
Name of the trainee			
Name of the host Institution/department or enterprise/department			
Name of the contact person from the host institution		Function	
Information relating to the sending or hosting Enterprise:		Size of the enterprise (tick the appropriate size): <input type="checkbox"/> micro or small : 1- < 50 staff <input type="checkbox"/> medium: 50 < 250 staff <input type="checkbox"/> big : 250 or more staff	
		Sector: nomenclature tbc <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> U	
Duration		From: ___/___/___	Until: ___/___/___
		Total days: _____	
Overall aim and objectives of the mobility			
Added value of the mobility (both for the host institution and for the teacher)			
Activities to be carried out and , if possible, the programme for the period			
Expected results			
Comment:			
Trainee Signature			
Date		___/___/___	
Home Institution		Host Institution	
Signature and Stamp		Signature and Stamp	
Date		Date	
___/___/___		___/___/___	