

INTERNATIONAL RELATIONS OFFICE

ZEMĚDĚLSKÁ 1

613 00 BRNO

Hana Byrtusová

Tel: +420 545 135 184

E-mail: hana.byrtusova@mendelu.cz

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**CONFIRMATION OF ERASMUS+ STAFF MOBILITY**

**TEACHING**  **/ TRAINING**

THE STAFF MEMBER

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

SENDING INSTITUTION

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

RECEIVING INSTITUTION

|  |  |
| --- | --- |
| Name of receiving institution: | Mendel University in Brno |
| Erasmus ID Code (if applicable): | CZ BRNO02 |
| Faculty/Department: |  |
| Country: | Czech Republic |

**This is to certify that the staff member undertook the physical mobility within the framework of the Erasmus+ ICM programme from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_** (excluding travel days).

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

\*Add lines if necessary.

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

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

(Erasmus+ departmental/institutional coordinator)

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)