

Sending
Institution's
logo



Work Plan – Staff Training

1. Information about the **Participant**:

Name of the Staff Member:	
Contact details:	

2. Information about the **Home Institution**:

Name of the Institution:	
Postal Address of Institution:	
Name of the Contact Person	
Position of the Contact Person:	

3. Information about the **Host Institution**:

Name of the Institution:	
Postal Address of Institution:	
Name of the Contact person:	
Position of the Contact Person:	

4. **Duration** of the Training:

From:	To:	Number of months:
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5. **Overall Aim and Objectives of the Training:**

6. **Activities to be carried out** (if possible the programme for the period):

7. **Expected results** (for the Participant, the Home institution, the Host institution):

8. **Signatures:**

Home Institution	Host Institution
We confirm that this proposed work programme is approved.	We confirm that this proposed work programme is approved.
Date:	Date:
Signature of staff member:	Signature:
Stamp:	Stamp:
Signature of Head of Department:	