

**LLP-Erasmus Programme**  
**Individual Training Programme**  
**for staff training mobility**  
**ACADEMIC YEAR 20...../ 20.....**

Name and Erasmus code of the home institution	
Name of the contact person at sending institution	
Position of the contact person at the sending institution	
Name and/or Erasmus code of the host Institution/	
Name of the contact person at the receiving institution	
Position of the contact person at the receiving institution	
Beneficiary's surname	
Beneficiary's forename	
Duration of the training	
Arrival date	
Overall aim and objectives of the training	
Activities to be carried out (if possible: the programme for the period)	
Expected results (for the participant, the home institution/enterprise, the host institution/enterprise)	

*Place and date:* .....

*Signature of the Beneficiary:*

.....

Approval of the training programme

Name and status of the official representative of home institution

Name and status of the official representative of host institution

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Signature*

*Stamp of the home institution*

*Stamp of the host institution*



