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 Schustakowitz  Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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