****

**Certificate of Attendance – Erasmus+ Staff Mobility for Training**

The undersigned hereby declare that:

|  |  |
| --- | --- |
| Name staff member: |  |
| Name sending institution: | Institute of Immunology and Experimental Therapy |
| Erasmus ID code sending institution: | PL WROCLAW29 |
| Faculty/Department sending institution: |  |
| Name contact person sending institution: |  |

participated in a training at:

|  |  |
| --- | --- |
| Name receiving institution/enterprise: |  |
| Erasmus ID code receiving institution/enterprise: |  |
| Name contact person receiving institution/enterprise: |  |
| Period of the training activity:(excluding travel) | from dd/mm/yyyy up to and including dd/mm/yyyy |
| Duration of the training activity (excluding travel): |  |
| Additional day for travel needed directly **before** the first day of the activity: | [ ]  Yes[ ]  No |
| Additional day for travel needed directly **after** the first day of the activity: | [ ]  Yes[ ]  No |

**SIGNATURE**

|  |
| --- |
| **The staff member** |
| Staff member’s signature**:** |  | Date: |  |
| Place |  |
| **The receiving institution/enterprise**(to be completed by the receiving institution/enterprise) |
| Name contact person: |  | Positioncontact person: |  |
| Contact person’ssignature**:** |  | Date: |  |
| Place: |  |

*Please note that the dates on this Certificate of Attendance are binding for the final calculation of the Erasmus+ grant.*

*Return a digital copy (scan) of the complete and signed certificate* ***within 30 days*** *after the Erasmus+ training period via email to* **erasmus@hirszfeld.pl**