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|  | | **uni1** | | |  |
| ***ERASMUS+ (STT)***  ***Letter of confirmation for Erasmus+ Staff Training Mobility***  *We hereby confirm that the below mentioned person from the* ***University of Ljubljana****(Erasmus code:* ***SI LJUBLJA 01****), successfully accomplished Erasmus Staff Training Mobility, agreed in her/his Erasmus+ Staff Training Plan.* | | | | | |
|  | | | | | |
| *Name and surname of the person* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
|  |  | | | | |
| *Name and address of host institution* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| *E-mail of contact person at host institution* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| *Erasmus code of host institution (if applicable)* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
|  |  | | | | |
| *Dates of physical training period* | *from:* \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | *till:* \_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | | | |  | |
| *Dates of virtual mobility period ( if applicable)* | *from:* \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | *till:* \_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| *Mobility was held on line (virtual mobility)* | NO | | YES (plese specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  |  | | | | |
| *Total number of physical training days* | | | \_\_\_\_\_\_\_\_\_\_\_ (excluding travel) | | |
|  |  | | | | |
| *Performed activities at the host institution* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| *Gained experiences during the staff training* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
|  |  | | | | |
| ***Confirmation of the host institution*** | | | | | |
| *Name of responsible person* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | *signature* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| *Position of responsible person* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | *date* \_\_\_\_\_\_\_\_\_\_\_\_\_ *stamp* | |