

## **ERASMUS+**

### **Letter of confirmation for Staff Mobility for Training**

**Academic Year:**

**Period of the Training**

**To be filled in on the last day of the period of training activity!**

**Name of the receiving institution:**

**ERASMUS+ Code:**

**I herewith confirm that Ms. /Mr.**

**has taken part in the ERASMUS+ STAFF TRAINING Programme along the  
Mobility Agreement in our institution.**

**Period of the training activity:**

**From** [day/month/year] [\_\_\_\_/\_\_\_\_/\_\_\_\_]

**Till** [day/month/year] [\_\_\_\_/\_\_\_\_/\_\_\_\_]

**Number of days:** \_\_\_\_\_

**Date, place:**

**Name, position:**

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**(Signature and stamp)**

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**To be added by the member of Pädagogische Hochschule Heidelberg:**

**Tag der Anreise:**

**Tag der Abreise:**

**ZERO Grant Tag/e:**

**Ort, Datum, Unterschrift**