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| ***ERASMUS+ (STT)******Letter of confirmation for Erasmus+ Staff Training Mobility****We hereby confirm that the below mentioned person from* ***University of Ljubljana*** *(****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:* | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | *total:*  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *days (excluding travel)* |
| *Dates of virtual mobility period ( if applicable)* | *from:* \_\_\_\_\_\_\_\_\_\_\_\_\_ | *till:* | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *Mobility was held on line (virtual mobility)* | [ ]  NO | [ ]  YES (plese specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| *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*  |