

STAFF MOBILITY FOR TRAINING CERTIFICATE OF ATTENDANCE

It is hereby declared that

Name:

Sending Institution: **EGAS MONIZ CRL (P MONTE D-02)**

has completed an Erasmus+ training mobility period at this institution as follows:

Period of the training activity (not included travel days):

from [day/month/year]

till [day/month/year]

Receiving Department/Unit:

Name of the responsible person:

THE RECEIVING INSTITUTION

Name:

Position/Function:

Signature:

Date:

Institutional stamp:

This document must be filled in, signed and stamped by the receiving institution at the end of the mobility period.