

## TRAINING WORK PLAN AGREEMENT

### INDIVIDUAL TRAINING WORK PLAN AGREEMENT. STAFF MOBILITY FOR TRAINING [STT]

#### HOME INSTITUTION

Name and ERASMUS ID CODE of institution	EASD ANTONIO FAILDE.
Contact Person Name	
Adress	
Phone /Fax	
Mail	
Web	
Department/Faculty	

#### HOST INSTITUTION

Name and ERASMUS ID CODE of institution	
Contact Person Name	
Adress	
Phone /Fax	
Mail	
Web	
Department/Faculty	

#### BENEFICIARY

Name and Surname	
Subject Area	
Number of training hours	
Arrival Date	
Departure Date	
Mail	

#### MOBILITY GENERAL OBJETIVES

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**ACTIVITIES TO BE DEVELOPED**

**PROGRAM FOR THE PERIOD OF STAY**

**ADDED VALUE EXPECTED FROM THE MOBILITY / EXPECTED RESULTS**  
(for the staff member carrying out the assignment, for the home institution)

**TEACHER'S SIGNATURE**

**Signature:**

**Name of teacher:**  
**Sending Institution:** EASD ANTONIO FAILDE. OURENSE. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

<p><b>Name of institution:</b> EASD ANTONIO FAILDE. OURENSE.</p> <p><b>Name and status of the oficial representative:</b> XOSE'MANOELGONZÁLEZ. Director</p> <p><b>Signaturee and Stamp:</b></p> <p><b>Date:</b> OURENSE. SPAIN</p>	<p><b>Name of institution:</b></p> <p><b>Name and status of the oficial representative:</b></p> <p><b>Signaturee and Stamp:</b></p> <p><b>Date:</b></p>
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