|  |  |  |
| --- | --- | --- |
|  | **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*  |