**ERASMUS +: STAFF FORM FOR TRAINING (Formulari de sol·licitud per fer formació)**

**APPLICANT:**

Applicant’s Name: ………………….

Field of Instruction : ………………….

Have you been awarded an Erasmus Grant in the past?............... When? ............

Planned period of the physical mobility: from [day/month/year] to [day/month/year]

Duration of physical mobility (days) – excluding travel days: ………………….

**RECEIVING INSTITUTION**

* Receiving Institution name and address ………………
* Name of the person at the receiving institution who will sign the documentation: (Learning Agreement) and your letter of acceptance ………………
* Position of the person at the receiving institution ………………

**TRAINING PERIOD OBJECTIVES**

* Language of training: ………………………………………
* Overall objectives of the mobility: ………………………………………
* Added value of the mobility (in the context of the modernisation and internationalisation strategies of the institutions involved): ………………………………………
* Activities to be carried out (including the virtual component, if applicable):

………………………………………

* Expected outcomes and impact (e.g. on the professional development of the staff member and on both institutions): ………………………………………