**ERASMUS+ STAFF MOBILITY FOR TRAINING**

**CONFIRMATION OF TRAINING PERIOD**

***To whom it may concern***

I hereby confirm that

(name of the participant)

from the Academy of Applied Medical and Social Sciences (PL ELBLAG02) has participated in the framework of the ERASMUS+ Staff Training Mobility assignment at

 ,

(full name of the host institution)

ERASMUS-Code: .

Duration of training period: start \_\_\_\_\_\_\_\_\_\_\_\_ end\_\_\_\_\_\_\_\_\_\_\_\_\_ days:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(day.month.year)

(day.month.year)

(number of days)

|  |  |
| --- | --- |
| Name:  | Stamp of Institution: |
| Position:  |  |
| Signature:  | Date:  |