



**HIPOLIT CEGIELSKI STATE COLLEGE OF HIGHER EDUCATION  
IN GNIEZNO**

ZAL. DO ZARZ.44/2014 Z DNIA 22.12.2014 R.

**ERASMUS+ PROGRAMME  
INDIVIDUAL WORK PROGRAMME FOR STAFF TRAINING MOBILITY (STT)**

Name of the staff member			
Home institution (name and Erasmus code)/Enterprise and department			
Name of the contact person at the sending institution			
Position of the contact person at the sending institution			
Host institution (name and Erasmus code)/Enterprise and department			
Name of the contact person at the receiving institution			
Position of the contact person at the receiving institution			
Duration of the training (days)			
Arrival date		Departure date	
Overall aim and objectives of the training			
Activities to be carried out (if possible: programme for the period)			
Expected results (for the participant, the home institution/enterprise, the host institution/enterprise)			

.....  
*Place and date*

.....  
*Signature of the Beneficiary*

**Approval of the work plan:**

*For the home institution*

*For the host institution*

.....  
*date, name and signature*

.....  
*date, name and signature*