

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

HOME INSTITUTION

Name and Erasmus ID code of the institution)* ESCUELA DE ARTE Y SUPERIOR DE DISEÑO DE ZAMORA
E ZAMORA08

Contact person: (name, address, phone, fax, e-mail, web) AMPARO FERNÁNDEZ OTERO
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Department/Faculty

HOST INSTITUTION

Name and Erasmus ID code of the institution)*

Contact person: (name, address, phone, fax, e-mail, web)

Tel: Fax :
e-mail:
web:

Department/Faculty

*Official name of the institution in the national language of their country and ERASMUS ID code of the institution.

BENEFICIARY

Name and surname: e_mail:

Subject area:

Number of training hours:

Arrival date: Departure date:

MOBILITY GENERAL OBJETIVES

ACTIVITIES TO BE DEVELOPED

PROGRAMME 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:

Name of teacher:

Sending institution: ESCUELA DE ARTE Y SUPERIOR DE DISEÑO DE ZAMORA Date:

Name of institution:
ESCUELA DE ARTE Y SUPERIOR DE DISEÑO DE ZAMORA

Name and status of the oficial representative

D. César Amador Isidro García. Director

Signature and stamp:

Date: Zamora. SPAIN

Name of institution:

Name and status of the oficial representative

Signature and stamp:

Date: