WORKING/TRAINING PLAN
Staff Mobility

ACADEMIC YEAR 20____/20_____
Academic subject/area of specialty _____

Name of scholar: ....

Sending institution: ……………….....................…………………. Country: ………...........................…………………………

Receiving institution: .... Country: ....

Please note: **Make sure you choose working/training activities of relevance to your field of research and/or work at your home institution. Make also sure you choose working/training activities which are indeed offered at your preferred host institution.**

Description of planned training/research/teaching activities

Scholar's signature

.... Date: ....

SENDING INSTITUTION
We herewith confirm that the proposed training/research/teaching plan is approved and in accordance with the applicant's field of research and/or work.

Academic Coordinator at Faculty/Department Level	ECCAM contact person at sending institution
....	....
Date:	Date: ....

RECEIVING INSTITUTION *(signatures to be obtained only after the beginning of mobility)*

We herewith confirm that the proposed training/research/teaching plan is approved and that the applicant can fulfil the aims laid down in this document at our institution.

Academic Coordinator at Faculty/Department Level	ECCAM contact person at receiving institution
....	....
Date:	Date: ....

CHANGES TO Training/Research/Teaching PLAN, which was originally proposed when applying for ECCAM: (to be filled in only if appropriate)

Name of scholar: ....

Sending institution: ……………….....................…………………. Country: ………...................................………………………

Receiving institution: .... Country: ....

Changes to originally agreed training/research/teaching activities

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Scholar's signature

....   Date: ....

SENDING INSTITUTION
We herewith confirm that the proposed training/research/teaching plan is approved and in accordance with the applicant's field of research and/or work.

Academic Coordinator at Faculty/Department Level   ECCAM contact person at sending institution

....

Date: ....   Date: ....

RECEIVING INSTITUTION *(signatures to be obtained only after the beginning of mobility)*

We herewith confirm that the proposed training/research/teaching plan is approved and that the applicant can fulfil the aims laid down in this document at our institution.

Academic Coordinator at Faculty/Department Level   EECAM contact person at receiving institution

....

Date: ....   Date: ....