**Confirmation of Erasmus+ staff mobility for Training**

**Training Staff**

**Name:**

**Sending Institution**

**Name:** Instituto Politécnico de Portalegre

**Erasmus + Code:** P PORTALE01

**Country:** Portugal

##### Receiving Institution

**Name:**

**Erasmus + Code:**

**Country:**

This is to certify that the beneficiary undertook a training mobility under the Erasmus+ Programme at our Institution from (dd/mm/yyyy) \_\_\_\_\_\_\_\_\_\_\_\_ to (dd/mm/yyyy) \_\_\_\_\_\_\_\_\_\_\_\_ on the following topics:

|  |
| --- |
|  |

Date:

Stamp and Signature:

Name of signatory:

Function: