Co-funded by
the European Union

ERASMUS+ 2024-2027
Vocational education and training - INDIVIDUAL mobility

Certificate of attendance

This document must be completed and signed by the host organization's legal representative and sent within two weeks of the learner's return to :

I, the undersigned
Title

of **[name of host organization, address]** hereby confirms that **Mrs/Mr ……..** from **[name of sending organization]** has carried out an Erasmus + mobility as part of the following activity:

Please select the type of mobility:

- ☐ Observation period in a work situation
- ☐ Courses and training
- ☐ Training mission
- ☐ Teaching mission, where he/she taught ……..hours, in the field of ……

- ☐ Invited experts
- ☐ Hosting teachers and educators in training
- ☐ Preparatory visits

from (arrival date : JJ/MM/AAAA)
until (departure date : JJ/MM/AAAA)

SIGNATURES

The participant
[First name, Last name]

For the hosting organization
[First name, Last name], [Position]