**LLP-ERASMUS PROGRAMME**

**ERASMUS STAFF TRAINING MOBILITY TRAINING PLAN**

**ACADEMIC YEAR 20.…./ 20…..**

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| **Sending Institution** |
| **Name and Erasmus Code of The Institution** | Beykoz Vocational School of LogisticsTR ISTANBUL28 251563-IC-1-2009-TR-ERASMUS-EUCX-1 |
| **Country** | TURKEY |
| **Sending Department/Programme** |  |
| **Erasmus Coordinator Data** | Lect. Ayşegül GÜNDÜZ, BA, MScInternational Relations and Erasmus Institutional CoordinatorT. +90 216 4258812 Ext.526 F. +90 216 4139520aysegulgunduz@beykoz.edu.tr  |

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| **Receiving Institution** |
| **Name and Erasmus Code of The Institution** |  |
| **Country** |  |
| **Receiving University/Department/Programme** |  |
| **Information Relating to the Receiving Institution (only when the receiving institution is an enterprise or an organization)**  | ( ) Micro/Small < 50 staff( ) Medium = 50-250 staff( ) Large = 250 or more staff |
| **Erasmus Coordinator Data** |  |

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| **Work Programme** |
| **Beneficiary’s Name**  | (Mr) or (Ms) |
| **ID Number** |  |
| **Date of Birth** |  |
| **Field of Responsibility** | ( ) International Affairs( ) Teaching( ) Student Information( ) Technical or General Administration( ) Finance |
| **Seniority** | ( ) Junior ( ) Intermediate ( ) Senior |
| **Form of the Staff Training**  | ( ) Workshop/Seminar( ) Work Shadowing( ) Training |
| **Number of Teaching Days** |  |
| **Arrival Date** |  | **Departure Date** |  |

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| **Planned Activities**  |
| **Date** | **Day** | **Hours** | **Subject** |
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|  |  |  |  |
| **Total** |  |  | **-----------------------------------** |

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| **Overall Aim and Objectives of the Mobility** |
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| **Expected Results** |
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| **Signature of the Participant: Date:** |

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| **Sending Institution**This is to confirm that we agree with the work programme as outlined above.Signature (Erasmus Coordinator): Date: |

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| **Receiving Institution**This is to confirm that we agree with the work programme as outlined above.Signature (Coordinator): Date: |