**Certificate of Attendance – Erasmus+ Staff Mobility for Training**

The undersigned hereby declare that:

|  |  |
| --- | --- |
| Name staff member: |  |
| Name sending institution: | Institute of Animal Reproduction and Food Research of the Polish Academy of Sciences in Olsztyn |
| Erasmus ID code sending institution: | PL OLSZTYN08 |
| Faculty/Department sending institution: |  |
| Name of contact person in sending institution: |  |

participated in an activity at:

|  |  |
| --- | --- |
| Name receiving institution/enterprise: |  |
| Erasmus ID code receiving institution/enterprise: |  |
| Name contact person receiving institution/enterprise: |  |
| Period of the training activity: (excluding travel) | from dd/mm/yyyy up to and including dd/mm/yyyy |
| Duration of the training activity (excluding travel): |  |

**SIGNATURES**

|  |  |  |  |
| --- | --- | --- | --- |
| **The staff member** | | | |
| Staff member’s signature**:** |  | Date: |  |
| Place |  |
| **The receiving institution/enterprise** (to be completed by the receiving institution/enterprise) | | | |
| Name contact person: |  | Position contact person: |  |
| Contact person’s signature**:** |  | Date: |  |
| Place: |  |