**HOST INSTITUTION DECLARATION**

***Staff Mobility between Programme Countries***

***Staff Mobility for Training***

1. **Personal data of the staff member**

|  |  |
| --- | --- |
| **Name and surname** |  |
| **Academic/Professional title, position** |  |
| **Faculty/Unit of TUL** |  |
| **Phone number** |  |
| **E-mail** |  |

1. **Host Institution**

|  |  |
| --- | --- |
| **Name of the Host Institution** |  |
| **Faculty/Department** |  |
| **Contact person** |  |
| **Phone number** |  |
| **E-mail address** |  |

**III. Proposed mobility details**

|  |  |
| --- | --- |
| **Planned period of the mobility and duration** |  |
| **Overall objective of the mobility** |  |
| **Focus areas** |  |
| **Objectives related to the focus area(s) and expected outcomes** |  |
| **Planned activities** |  |

We hereby approve the proposed mobility details and confirm the possibility of exchanging the best practices in the given focus area(s).

Name of the responsible person at the Host Institution:

Signature:……………………. Date:…………………………