**College of Applied Sciences „Lavoslav Ružička“ in Vukvoar**

**Erasmus+ programme KA103 – Academic year 2015/2016**

**STATEMENT OF HOST INSTITUTION**

The host institution have to complete this form, singed and stamped send scanned copy to College in Vukovar upon arrival Section1, and at the end of work placement section 2.

**STAFF MEMBER**

|  |  |
| --- | --- |
| FIRST NAME |  |
| SURNAME |  |
| PLACE, DATE OF BIRTH |  |
| ADDRESS |  |
| HOME INSTITUTION | College of Applied Sciences “Lavoslav Ružička” in Vukvoar |
| ERASMUS ID CODE (OF HOME INSTITUTION) | HR VUKOVAR01 |

**HOST INSTITUTION**

|  |  |
| --- | --- |
| HOSTINSTITUTION |  |
| ERASMUS ID CODE (OF HOST INSTITUTION) |  |
| ADDRESS, CITY, COUNTRY |  |
| HOST FACULTY, DEPARTMENT/UNIT |  |
| ADDRES, CITY, COUNTRY (PLACE OF PERFORMANCE MOBILITY ACTIVITY IF DIFERENENT OF THE HEAD OFFICE HOST INSTITUTUION |  |

**SECTION 1 - CONFIRMATION OF ARRIVAL**

The undersigned representative of host institution hereby confirms that the above mention staff member has realized Erasmus+ mobility period at host institution:

|  |  |  |
| --- | --- | --- |
| **DATE OF ARRIVAL (STAFF MEMBER)** |  | |
| NAME AND SURNAME OF THE HOST INSTITUTION REPREZENTTIVE |  | |
| TITLE |  | |
| SIGNATURE |  | OFFICIAL STAMP OF HOST INSTITUTION |
| DATE |  |

Please send scanned copy of this document to: [erasmus@vevu.hr](mailto:erasmus@vevu.hr) no later than 7 days after beginning of the working period at the receiving institution.

**SECTION 2 – CONFIRMATION OF DEPARTURE**

|  |  |  |
| --- | --- | --- |
| **DATE OF THE DEPARTURE ( STAFF MEMBER)** |  | |
| NAME AND SURNAME OF THE HOST INSTITUTION REPREZENTTIVE |  | |
| TITLE |  | |
| SIGNATURE |  | OFFICIAL STAMP OF HOST INSTITUTION |
| DATE |  |

Please send scanned copy of this document to: erasmus@vevu.hr no later than 7 days after the end of working period at the receiving institution.

Please return original of this document to the staff member.

**DESCRIPTION OF MOBILITY**

|  |  |
| --- | --- |
| Objective of the Erasmus+ Mobility experience |  |
| Activities /tasks carried out |  |
| Job-related skills and competences acquired |  |
| Other skills and competences acquired |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Date | Work day/  Teaching hours (ex:1,2,3,) | Subject (lecture, seminar, meeting… ) |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |
| 7. |  |  |  |
| 8. |  |  |  |
| 9. |  |  |  |
| 10. |  |  |  |
| 11. |  |  |  |
| 12. |  |  |  |

Date:

References person/mentor:

Signature of the references person/mentor:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the outgoing Staff member:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_