**E**R**ASMUS+ STAFF Mobility for Training**

 **Training Programme – Academic Year 20…/…**

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|  |  |  |  |  |  |  |  |  |
| **Name, surname of teacher**  |  |
| **Duration of stay**  | **Number of days** |   | **From - to** |    |
|   |
| **Name of home institution**  | Istituto Superiore di Musica “A. Toscanini”  |
| **ERASMUS Code** | I AGRIGEN02 |
| **Name of contact person**  | Marina Vermiglio |
| **position**  |  Erasmus Office |
| **Telephon and email** | (+39) 0925/61280 - erasmus@istitutotoscanini.it |
|   |
| **Subject area of teaching programme** |   | **Level**  | **□** |  **Bachelor** |
| **□** |  **Master** |
| **Number of students at the receiving institution benefiting from the teaching programme** |  |
| **Number of teaching hours**  |   |
| **Training Programme** |
|  |  |  |  |  |  |  |  |  |
| **Overall objectives of the mobility:** |
|  |
| **Added value of the mobility (both for the institutions involved and for the staff member):** |
|   |
| **Activities to be carried out** |
|     |
| **Expected outcomes and impact:** |
|  |
|  |
| **Staff member’s signature** |  |

Done at ………., Date\_\_\_\_\_\_\_\_\_