



**LLP-ERASMUS PROGRAMME
INDIVIDUAL WORK PROGRAMME FOR OTHER STAFF TRAINING MOBILITY
ACADEMIC YEAR 2013/ 2014**

Home institution (name and Erasmus code)/Enterprise and department	Medical University of Lodz, PL LODZ03
Name of the contact person at the sending institution	
Position of the contact person at the sending institution	
<i>In the case of staff going to or from an enterprise:</i> Size of the enterprise (according to following classification): - micro or small : 1- < 50 staff - medium: 50 < 250 staff - large: 250 or more staff Economic sector :	
Host institution (name and Erasmus code)/Enterprise and department	
Name of the contact person at the receiving institution	
Position of the contact person at the receiving institution	
Duration of the training	
Beneficiary's surname	
Beneficiary's forenames	
Overall aim and objectives of the training	
Activities to be carried out (if possible: the programme for the period)	
Expected results (for the participant, the home institution/enterprise, the host institution/enterprise)	

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Place and date

Approval of the work plan

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Signature of the Beneficiary

For the home institution

For the host institution

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Name and signature

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Name and signature