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| logo_erasmus+ | ***Erasmus+ Programme*** ***STAFF MOBILITY - JOB ShaDOWING***  |

#

# **CONFIRMATION**

***STAFF MEMBER***

|  |  |
| --- | --- |
| Family name |  |
| First name |  |

***SENDING INSTITUTION***

|  |  |
| --- | --- |
| Name of sending institution | **National Library of the Czech Republic** |
| Erasmus ID code (if applicable) | OID: E10208183 |
|  |  |

***RECEIVING INSTITUTION***

|  |  |
| --- | --- |
| Name of receiving institution |  |
| Department visited |  |
| Erasmus ID code (if applicable) |  |
|  |  |

This is to certify that the above mentioned person has attended the job shadowing activity under the Erasmus+ programme at our institution from ……………….to………………

***Main content of the job shadowing activity:***

Date:

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Contact person of Receiving Institution / Erasmus+ coordinator)

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Staff member of sending institution)