**ERASMUS+ 20…-20…**  
**Adult Education– INDIVIDUAL mobility**

**Attendance Certificate**

This document has to be filled and signed by a representative of the *Host Institution / Organisation* and to be handed maximum two weeks after the learner’s return in [*name of the home institution*].

I, the undersigned

Title

from [*name of host institution/organisation, address*] hereby confirm that **Mrs/Mr………….…….** from [*name of the sending organisation*] has completed an Erasmus + mobility in the following activity type:

[Please only keep the correct activity type]

[Staff mobility]

Job-shadowing

Courses and training

Training assignment

Teaching assignment, with ……………………………..hours of teaching, in the field of……………………………………………………………………………………………………………………………

[Learner mobility]

Learning mobility (2 - 30 days)

[Other]

Invited experts

Hosting teachers and educators in training

Preparatory visits

from (date of arrival : day/month/year)

till (date of departure : day/month/year)

SIGNATURES

|  |  |
| --- | --- |
| Participant | Host organisation |
| **[forename, name]**, | **[forename, name]**, **[Function]** |
| Signature | Signature and stamp |