

MOBILITY FOR STAFF TRAINING (STT) - WORK PLAN

YEAR 2011/12 (01/06/2011 – 30/09/2012)

0. DETAILS OF THE BENEFICIARY STAFF MEMBER

Family/Last Name:		Given/First Name(s):	
Mr. ☐ Mrs. ☐		Title :	
Administrative or Academic Unit/Department:		Position in the Home Institution:	
Personal Address:		Tel.: Fax: E-mail box:	
DISABILITIES ?	YES ☐ NO ☐		
Contact person at Administrative / Academic Unit/ Division/Department			
Position of the Contact person at Academic Unit/Department			
Contact Data			

1. INFORMATION ABOUT THE HOME INSTITUTION

NAME of the home higher education institution ADDRESS:	HAROKOPIO UNIVERSITY of ATHENS http://www.hua.gr Postal address: El. Venizelou Ave., 70 GR – 176 71 KALLITHEA - Athens
COUNTRY	GREECE
Region	ATTICA
Name of the contact person for the ERASMUS Programme + contact data :	Assoc. Prof. Georgios DEDOUSSIS, T.: + 30 210 9549 304, F.: +30 210 9577 050 E-mail: dedousi@hua.gr Harokopio University, El. Venizelou Ave, 70 GR – 176 71 KALLITHEA ATTIKIS (Administrative contact person: Erasmus Office: Dr. E. Durie, + 30 2109549 330, F.: +30 210 9577 050 edurie@hua.gr
Position of the contact person:	ERASMUS Institutional Co-ordinator

2. INFORMATION ABOUT THE HOST ENTERPRISE*

NAME of the host enterprise *	
Or NAME of the higher education institution	
HEI's ERASMUS ID CODE	
Host Division/Department	
Address of the Host Department	
COUNTRY	
Region	
Name of the contact person + contact data :	
Position of the contact person:	

Size of the hosting enterprise	micro or small: 1-50 staff	☐	medium: 51-500 staff	☐	large: > 501 staff	☐
Economic Sector – NACE code (see supporting doc.)				Organization types (see supporting doc.)		

* 'Enterprise' means all undertakings engaged in economic activity in the public or private sector whatever their size, legal status or the economic sector in which they operate, including the social economy; DECISION No 1720/2006/EC OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL, of 15 November 2006, establishing an action programme in the field of lifelong learning, article 2, 25. (OJ L 327, 24-11-2006, p. 50.)
ERASMUS STT/ Work Plan – Tripartite Agreement - In triplicate, 1 for the Host, 2 for the Sending Institution

3.1. DURATION OF THE TRAINING

From:	To:	Number of working days:	Number of weeks:-
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3.2. TRAVEL DAYS

From Athens (date)		Back to Athens (date)	
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4. OVERALL AIM & OBJECTIVES OF THE TRAINING

(σβήστε το υπόλοιπο ελεύθερο πεδίο που δεν χρησιμοποιείστε)

5. ACTIVITIES TO BE CARRIED OUT (if possible the programme of the period)

(σβήστε το υπόλοιπο ελεύθερο πεδίο που δεν χρησιμοποιείστε)

6. EXPECTED RESULTS (1. for the participant, 2. for the home institution/ enterprise, 3. for the host institution/ enterprise):

(σβήστε το υπόλοιπο ελεύθερο πεδίο που δεν χρησιμοποιείστε)

Beneficiary's signature	
Full Name :	
Date:	

HOME INSTITUTION – HAROKOPIO UNIVERSITY <i>We confirm that the above proposed training programme/Work plan is approved.</i>	HOST ENTERPRISE / INSTITUTION <i>We confirm that the above proposed training programme/ Work plan is approved.</i>
ERASMUS INSTITUTIONAL COORDINATOR Assoc. Prof. Georgios DEDOUSSIS	Contact person : (name & position)
Signature :	Signature :
Stamp:	Stamp:
Place & Date:	Place & Date:
Vice-Rector of Academic Affairs & Personnel Assoc. Prof. Evangelia GEORGITSOYANNI	
Signature:	Signature:
Place & Date:	Place & Date:
Stamp:	Stamp:

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