**TRAINING – Administrative and Technical Staff**

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| Name: ....................................................................................................................................  Department: …………………………………………………………………………………………………………....  Phone: ………………………………  Email: …………………………………………………………………………………...  Receiving institution: (By Priority)   1. ................................................................ Country: ....................................... 2. ................................................................ Country: ....................................... |

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| **Description of planned training:** |

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| signature: ......................................................... Date: ........................................................ |

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| **Approval of Supervisors**  **Supervisor: (attached recommendation Letter)**  **I recommend the participation in the Staff Training.**  **I confirm that the proposed training plan is approved and in accordance with the applicant’s field of work.** | |
| Name: ..........................................................  Date: ...........................................................  **Head of Faculty Administration or Head of Division:**  Name**: ………………………………………**  Date: .............................................................. | Signiture: **………………………………….**  Signature: ....................................................... |

**Recommendations of the Committee:**