

**Erasmus+ Programme –Cooperation partnerships**

**Project No.:**

……………………………….. (to be filled in)

**Certificate of attendance**

**Learning/teaching/training activities**

**I, the undersigned,** *(full name)* **……….**

**position: ……….**

**representing the host/receiving organisation/institution** *(official name)***:****……….**

**address: ……….**

**city: ………. country: ……….**

**certify that the following** **person** *(full name)***: ……….**

**representing the sending organisation/institution** *(official name)***:****……….**

**address: ……….**

**city: ………. country: ……….**

**attended a learning/teaching/training activity organised in ……….** *(city)***, from ……….** *(starting date)* **to ……….** *(end date)***.**

**Title of the activity: ………………..**

Place: ………. Date: ……….

**Host/receiving organisation/institution:**

*(signature of the legal representative & stamp of the organisation, if applicable)*

……….