



**ERASMUS+ HIGHER EDUCATION STAFF MOBILITY**

**MOBILITY PROGRAMME**

**ACADEMIC YEAR 2024/25**

Name of Applicant:  
Sending institution: **Ca' Foscari University of Venice (Italy)** Country: Italy

Host institution:  
Planned period of the training activity: from [day/month/year]  
till [day/month/year]

Administrative unit where you wish to carry out your mobility.....  
Language of communication: .....

**Motivation:**

**Content of the proposed training programme:**

**Expected outcomes and impact (e.g. on the professional development of the staff member, in the context of the modernisation and internationalisation strategies of the institutions involved, at regional and national level, etc.):**

**Language Skills**

SIGNATURE OF APPLICANT	
I confirm that all the information provided on this application form and attached documents are correct according to DPR 445/2000, art. 46 and 47. I'm also informed of the penal liability under Art. 76 of DPR 445/2000 for the case of false documents and false statements therein.	
<b>Signature:</b>	<b>Place and Date:</b>



**SENDING INSTITUTION**

We confirm that the proposed mobility programme is approved.

Head of the applicant's Administrative Unit \_\_\_\_\_

Signature \_\_\_\_\_

Date: