**Certificate of attendance**

**Staff Training Mobility (STT)**

**"e+Ties: Another Look at Bilingual Education"**

**2017-1-ES01-KA101-037720**

**Name of visiting teacher:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DNI (ID card):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sending institution:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Receiving institution:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of the visit:** from (day/month/year)\_\_/\_\_/\_\_\_\_

until (day/month/year) \_\_/\_\_/\_\_\_\_

**Duration of the activity** (in days)**:** 14 days

**Language of the activity**: English

**Type of the activity:** Job Shadowing

**Programme of the activity**:

Date and Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stamp