



Erasmus+

HELLENIC FIRE ACADEMY
STAFF MOBILITY FOR TRAINING
CERTIFICATE OF ATTENDANCE

Name of the Staff Member:	
Function:	
SENDING INSTITUTION:	HELLENIC FIRE ACADEMY/OFFICERS SCHOOL
ERASMUS Code:	G ATHINE57
RECEIVING INSTITUTION:	
Department/Faculty:	
Address:	
Contact Person:	
ID Erasmus code (if applicable):	
Subject area code:	

Number of Training days (min. 2 days): _____

First date of Training: ____/____/____

Last date of Training: ____/____/____

Training Language: _____

- In case dates happen to be Saturday or Sunday please mention the reason

Activities carried out:	
-------------------------	--

Outcomes:	
-----------	--

	Name	Signature	Date*	Stamp
The Receiving Institution: Name of the responsible person				

***Signature day should be later than the last day of activity**

Please complete and return this form after the visit to:

Department of International affairs & cooperation/
Erasmus office
Hellenic Fire Academy
Kifissia, Greece

tel.: +30-210-62651146/205

e-mail: academyinfo@fireservice.gr