**Erasmus+ proof of attendance**

**VET skills competitions**

# Information about the learning mobility

|  |  |
| --- | --- |
| Field | Vocational education and training |
| Activity type: | VET skills competition |
| Mode: | [Choose one: Physical OR Blended OR Virtual] |
| Name of the competition: |  |
| Venue: | [Country, town] |
| Start date: | [DD/MM/YYYY] |
| End date: | [DD/MM/YYYY] |

# Parties involved

## Participant in the learning mobility

|  |  |
| --- | --- |
| Full name: |  |
| Address: | [Full address, including country, city and post code] |
| Email: |  |
| Phone number(s): |  |

[Please remove the ‘Participant’s legal guardian’ table if not applicable]

|  |  |
| --- | --- |
| Participant’s legal guardian full name: |  |
| Address: | [Full address, including country, city and post code] |
| Email: |  |
| Phone number(s): |  |

## Sending organisation

|  |  |
| --- | --- |
| Organisation name: | [Full legal name of the sending organisation] |
| Address: | [Full address, including country, city and post code] |

## VET skills competition organiser

|  |  |
| --- | --- |
| Organisation name: | [Full legal name of the sending organisation] |
| Address: | [Full address, including country, city and post code] |

## Accompanying persons

The following person(s) will accompany the participant during their mobility period:

|  |  |
| --- | --- |
| Full name: |  |
| Position or qualification: |  |
| Email: |  |
| Phone number(s): |  |
| Responsibilities: |  |

[If there will not be any accompanying persons involved, please delete the table above and indicate ‘Not applicable’. In case there will be more than one accompanying person, please make a copy of the above table for each person.]

# Annexes

Optional, e.g. certificate, award or “not applicable”.

# Signatures

The signatories confirm that the participant has attended VET skills competition described in the article 1 above.

[Please remove the ‘Participant’s legal guardian’ table if not applicable]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Participant** | |  | **Participant’s legal guardian** | |
| Full name: |  |  | Full name: |  |
| Date and place: |  |  | Date and place: |  |
| Signature: |  |  | Signature: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **For sending organisation** | |  | **For organiser** | |
| Full name: |  |  | Full name: |  |
| Position: |  |  | Position: |  |
| Date and place: |  |  | Date and place: |  |
| Signature: |  |  | Signature: |  |