**Academic year: *20\_\_ -20\_\_***

**Acknowledgement of Receipt Form: Staff Mobility Grant**

This form must be filled in by every individual who receives an Erasmus+ staff mobility grant. It will be returned to the Higher Education Authority.

**Name of Staff Member:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: F  M  Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Institution: ***University of Galway***

Host Institution: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Mobility for**:** Teaching  Training

Duration of teaching/training in days: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (excluding travel days)

Date of departure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I acknowledge the receipt of the following Staff Mobility Grant amount funded through the Erasmus+ Programme.

Amount **€**  Signature\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

*\*Signature should be an original, handwritten one, not a scanned copy of your signature.*

***Before returning the completed form, please check that you have filled in ALL the sections above – thank you.***