2016/17

***Form 1***

**Individual Acknowledgement of Erasmus+ Staff Teaching Assignment (STA) Grant Form**

This form must be filled in by every teacher receiving an Erasmus+ teacher mobility grant and should be returned to the appropriate National Agency.

**Acknowledgement of Receipt**

**Academic year: 2016-17**

Name of Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home Institution: ***National University of Ireland, Galway***

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

Duration of teaching assignment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

I acknowledge the receipt of the following Teacher mobility grant amount funded from Erasmus+

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