

NT048/Anexo VI – Erasmus Training Partner.OUT

**ERASMUS TRAINING PARTNER DATA SHEET**

UNIVERSITY / INSTITUTION / ENTERPRISE			
Institution's Name			
Erasmus Code (if applicable)			
Post Address			
Phone			
Fax			
Web Site			
LLP/ERASMUS COORDINATOR / DEPARTMENT HEAD			
Name			
Post Address			
Phone			
Fax			
E-Mail			
TRAINING COORDINATOR			
Name			
Post Address			
Phone			
Fax			
E-Mail			
Area of expertise			
Graduation Level	Master Degree	Doctoral Degree	Post Doctoral
Institution of Graduation			
Post Adress			
Phone			
Website			

PLEASE ATTACH TRAINING COORDINATOR'S C.V. TO THIS DATA SHEET

NT048/AnexoVI – Erasmus Training Partner.OUT (cont.)

Please list here any limitation or particular restriction which may apply to incoming Trainees at your Institution / Enterprise: [ ]

Please signal with a cross which options (if any) apply to your case:

Language Proficiency required (*)	A1 [ ]	A2 [ ]	B1 [ ]	B2 [ ]	C1 [ ]	C2 [ ]
Language and Culture Course	Provided [ ]	Not provided [ ]	Required [ ]			
Housing Facilities	Provided [ ]	Not Provided [ ]	Assistance in finding housing [ ]			
Assistance	Financial [ ]	Meals [ ]				

(\*) European Language Proficiency Framework

**A Basic User**

- A1 Breakthrough
- A2 Waystage

**B Independent User**

- B1 Threshold
- B2 Vantage

**C Proficient User**

- C1 Effective Operational Proficiency
- C2 Mastery

Other Observations: [ ]

**Please return by email to:**

**Academic Mobility Office**

Phone.(+351) 218811700/Fax.(+351)218860954

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