

**Report of Secondment**

**for STAFF EXCHANGES action**

**HORIZON-MSCA-2021-SE-01-101086123 CaLIGOLA**

**Home beneficiary Institution:**

**Host Institution:**

**Name of seconded staff member:**

**Starting date of secondment:**

**Ending date of secondment:**

Aims of secondment

Planned activities under secondment

Performed activities under secondment

Results and discussion

**SIGNATURES**

Host institution Principal Investigator:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 name signature

Seconded staff member:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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