**LETTER OF ACCEPTANCE**

**STUDENT DATA**

|  |  |  |  |
| --- | --- | --- | --- |
| FAMILY NAME |  | FIRST NAME |  |
| DEPARTMENT/ INSTITUTION |  |

**HOST ORGANISATION/ ENTERPRISE DATA**

|  |  |
| --- | --- |
| NAME |  |
| FIELD OF WORK |  |
| ADDRESS |  |
|  |  |
| MENTOR’S NAME |  |
| MENTOR’S POSITION |  |
| PHONE |  |
| WEBSITE |  |
| E-MAIL |  |

**DETAILS OF THE PROPOSED TRAINING PROGRAMME**

|  |  |
| --- | --- |
| PLANNED PLACEMENT PERIOD | FROM……………………………. TO………………………… |
| MAIN LANGUAGE OF WORK |  |
| KNOWLEDGE, SKILLS & COMPETENCES TO BE ACQUIRED BY THE END OF THE TRAINEESHIP |  |
| SCOPE OF INTERNSHIP |  |
| FRAMEWORK OF DUTIES UNDERTAKEN |  |
| EXPECTED DELIVERABLES |  |

**ACCEPTANCE CONFIRMATION**

|  |
| --- |
| I, THE UNDERSIGNED, CONFIRM THAT THE AFOREMENTIONED STUDEN IS ACCEPTED BY OUR ORGANISATION/ ENTERPRISE TO CONDUCT THE PROPOSED TRAINEESHIP/ INTERNSHIP IN THE FRAMEWORK OF THE ERASMUS+ PROGRAMME. I ALSO CONFIRM THAT IN CASE OF A TRAINEE PAY BY OUR ORGANISATION/ ENTERPRISE, DURING THE AFOREMENTIONED TRAINING PERIOD, NO EUROPEAN UNION FUNDING WILL BE USED.SIGNATURE OF THE MENTOR AND STAMP OF THE HOST ORGANISTION/ ENTERPRISE (IF APPLICABLE) |
| DATE |