

**ACCEPTANCE LETTER
DM 1047/2017**

between

UNIVERSITY OF SALENTO, ITALY
And

.....

for the proposed Project

STUDENT TRAINEESHIP

We agree to do our utmost to support transnational traineeship of graduates and undergraduates in our Organization/Enterprise.

We are willing to host

| |
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| Planned period of the mobility: from [month/year] till [month/year] |
| Number of working hours per week: ... |
| Traineeship title: ... |
| Detailed programme of the traineeship period... |
| Knowledge, skills and competences to be acquired by the trainee at the end of the traineeship ... |
| Monitoring plan ... |
| Evaluation plan ... |

| |
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| Language competence of the trainee¹ The level of language competence ¹ in [workplace main language] that the trainee already has or agrees to acquire by the start of the mobility period is: A1 <input type="checkbox"/> A2 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> |
|--|

The receiving Organisation/Enterprise

| | | | |
|-----------------------------------|--|----------------------------------|--|
| Name Sector | | Department | |
| Address, website | | Country | |
| Size of enterprise | | | |
| Contact person name / position | | Contact person e-mail / phone | |
| Mentor name / position | | Mentor e-mail / phone | |

| |
|---|
| The trainee will receive a financial support for his/her traineeship: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, amount in EUR/month: |
| The trainee will receive a contribution in kind for his/her traineeship: Yes <input type="checkbox"/> No <input type="checkbox"/> |

(HEAD PAPER OF YOUR ORGANIZATION)- Allegato 2

If yes, please specify:

Is the trainee covered by the accident insurance? Yes No

If not, please specify whether the trainee is covered by an accident insurance provided by the sending institution: Yes No

The accident insurance covers:

- accidents during travels made for work purposes: Yes No
- accidents on the way to work and back from work: Yes No

Is the trainee covered by a liability insurance? Yes No

The receiving organisation/enterprise undertakes to ensure that appropriate equipment and support is available to the trainee.

Upon completion of the traineeship, the organisation/enterprise undertakes to issue a Traineeship Certificate indicating clearly the internship starting and closing dates.

¹ For the Common European Framework of Reference for Languages (CEFR) see <http://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr>

Date,

Signature and stamp of authorised Person: