

**ACCEPTANCE LETTER**  
**D.M. 989/2019**  
**a.a. 2020/2021 – Fondi 2019**

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** .....

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

<b>Language competence of the trainee<sup>1</sup></b> The level of language competence <sup>i</sup> in ..... [ <i>workplace main language</i> ] 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"/>
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**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"/>
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*(HEAD PAPER OF YOUR ORGANIZATION)- Allegato 2*

If yes, amount in EUR/month: ....

The trainee will receive a contribution in kind for his/her traineeship: Yes  No

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 X  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 X  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.

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<sup>1</sup> 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: