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| \\ERASMUS\sharefolder\ERASMUS  LOGOS & ΕΚΠΑ LOGOS\neo logo ekpa 2018\cyan-left-eng-1.jpg  EUROPEAN AND INTERNATIONAL RELATIONS DEPARTMENT |  |

**Letter of Acceptance**

**for Traineeship**

**Academic Year 2023-2024**

**Student’s Data**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name |  | First name |  |
| Department/School |  | | |

**Receiving Organization/Enterprise/Institution’s Data**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Erasmus Code  (if University) |  | | |
| Type of organization  (e.g. school, consular, MGO, etc.) |  | | |
| Economic Status | For Profit Corporation | | Non Profit Corporation |
| Legal Business Entity | Private | | Public |
| Size of the Organization | Less than 250 employees | | More than 250 employees |
| Address |  | Post Code |  |
| Suburb/Area |  | City |  |
| Phone |  | Fax |  |
| E-mail |  | Website |  |

**Mentor/Supervisor’s Data**

(Responsible person for the trainee during placement)

|  |  |  |  |
| --- | --- | --- | --- |
| Supervisor’s Name |  | | |
| Position |  | | |
| Phone number |  | E-mail |  |

**Traineeship Programme**

|  |  |  |
| --- | --- | --- |
| Traineeship title |  | |
| Sector/Department |  | |
| Planned period of traineeship | Number of months:  (2 to 4 months) | From / / to / /  dd/mm/yy dd/mm/yy |
| Working hours per week |  | |
| **Main** language used during traineeship | **Please indicate only ONE language** | |
| **Additional** languages used during traineeship |  | |
| Description of the traineeship  (project, tasks, duties, responsibilities) |  | |

**Facilities guaranteed by the host Organization/Enterprise/Institution**

|  |  |
| --- | --- |
| Personal Accident Insurance at work |  |
| Liability insurance at work |  |
| Financial Support |  |
| Accommodation |  |
| Canteen/Meals |  |

**Confirmation**

|  |
| --- |
| Ι, the undersigned, hereby confirm that the aforementioned student is accepted to accomplish his/her traineeship in our organization/enterprise/institution within the framework of Erasmus+ programme.  Ι also confirm that the trainee, during the specific traineeship period, will not receive any other European funding from our organisation/enterprise/institution.  Signature of the Mentor/Supervisor  at the receiving organization/enterprise/institution  Date  Stamp of the host organization or logo/trademark |

**If the receiving organization is a Higher Education Institution/University**

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| --- |
| We certify that the aforementioned student is accepted to accomplish his/her traineeship in our University within the framework of Erasmus+ programme.  The Head of the International Relations Department  Name:  Signature:  Date:  Stamp of the University |

*More information about the Erasmus+ is available at* [*https://ec.europa.eu/programmes/erasmus-plus/opportunities/traineeships-students\_en*](https://ec.europa.eu/programmes/erasmus-plus/opportunities/traineeships-students_en)