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

**Academic Year 2025-2026**

**Letter of Acceptance for Traineeship**

**STUDENT DATA**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name |  | First name |  |
| Department |  | | |

**RECEIVING ORGANISATION DATA**

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

**MENTOR/SUPERVISOR**

(Responsible person for the trainee during placement)

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

**PROPOSED TRAINING PROGRAMME**

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| --- | --- | --- |
| Traineeship title |  | |
| Sector/Department |  | |
| Planned traineeship period between  **1/10/25 and 31/7/26** | Number of months:  Min 2 months (**60 days**) max 6 months (**180 days**)  excluding travel time | From / / to / /  dd/mm/yy dd/mm/yy  The **start date** (**From dd/mm/yy**) of the traineeship period is the **first day the trainee will be present** at the Receiving Organisation/Enterprise to carry out their traineeship.  The **end date** (**to** **dd/mm/yy)** is the **last day** **the trainee will be present** at the receiving Organisation/Enterprise to carry out their traineeship. |
| Working hours per week | In principle the trainee should work full time, based on their receiving organisation’s working time. |  |
| **Main** language used during traineeship | **Please indicate**  **only ONE language** | **Level of Language Competence**  **B2**  **C1**  **C2** |
| **Additional** languages used during traineeship |  | |
| Brief description of the traineeship programme  (tasks, duties, responsibilities) |  | |
| Expected learning outcomes |  | |

**FACILITIES GUARANTEED BY THE** **RECEIVING ORGANISATION**

Please indicate (√) the facilities provided by the receiving organisation**.**

|  |  |  |
| --- | --- | --- |
| **FACILITIES** | **YES** | **NO** |
| Personal Accident Insurance at work |  |  |
| Liability insurance at work |  |  |
| Financial Support |  |  |
| Accommodation |  |  |
| Canteen/Meals |  |  |

**CONFIRMATION BY THE MENTOR/SUPERVISOR**

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| --- |
| Ι, the undersigned, hereby confirm that the aforementioned student is accepted to accomplish the proposed traineeship programme in our organisation 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.  Signature of the Mentor/Supervisor  at the receiving organisation  Date:  Stamp of the host organisation or logo/trademark |

* **IF THE RECEIVING ORGANIZATION IS A HIGHER EDUCATION INSTITUTION**

**Confirmation by the Head of the International Relations Department**

**If it is necessary according to the internal regulations of the Host 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)