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|  \\ERASMUS\sharefolder\ERASMUS  LOGOS & ΕΚΠΑ LOGOS\neo logo ekpa 2018\cyan-left-eng-1.jpgEUROPEAN 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**

|  |  |
| --- | --- |
| 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/yyThe **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**

|  |
| --- |
| 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/Supervisorat the receiving organisationDate: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 DepartmentName: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)