"Ex-ante"- confirmation from the host institution concerning a traineeship within the framework of the EU-Programme Erasmus+

Host company/institu	tion/organis	ation				
Name of host institution:						
Division of traineeship:						
Street:				Postal code:		
City:				Country:		
Legal status	☐ private	publ	lic	Commercial Orientation	profit-oriented	non-profit
Main activity of host institution:					1	l
http:						
No. of permanent staff in the team hosting the intern:				No. of other interns hosted at the same time in this team:		
Type of organisation						
	1-250 employ	ees			Public Authority	
	> 250 employ	ees			NGO	
					Research Institution	
	Other Institu	tion, please	specify:			
Contact person (e.g. l	- - - - - - - - - - - - - - - - - - -	ent, head o	of departme	ent, etc.)		
Title:	Mrs.	Ms.	Mr. 🗌	Academic Title (e.g. Prof., Dr. etc.):		
Last name:				First name:		
Division:				Position		
Phone:				Email:		
Person in charge at w	orkplace (m	entor):				
Title:	Mrs.	Ms.	Mr.	Academic Title (e.g. Prof., Dr. etc.):		
Last name:				First name:		
Division:				Position		
Phone:				Email:		
We hereby confirm that company/institution. We i knowledge acquired durir evaluation of the placemen	ntend to give h	ner/him task	s and respon	sibilities in accordance v	with her/his qualification	ns and theo retical
Intern						
First name:				Last name:		
First working day:				Last working day:		
Duration in month:				Study course of student:		
Scope/ field of work:				Required skills:		

Language Skills required								
The main working Required level: A1 A2 B1 B2 B3 B4 B4 B4 B5 B5 B5 B5 B5	C1 C2							
For the Common European Framework of Reference for Languages (CEFR) see http://europass.cedefop.europa.e	u/en/resources/european-							
language-levels-cefr								
Contents/tasks (Please give a precise and detailed description of the intern's tasks):								
Mentoring / Evaluation Plan								
The trainee will be monitored in one/more of the following ways (e.g. daily,								
weekly, monthly and/or reports, presentations etc.) Please specify:								
Lassure that the intern will have his/her own workplace and receive all	」yes □ no							
equipment necessary for the traineeship	yes							
Normal working hours/week	🗂							
working days/week: Mo-Fr Mo-Sa Mo-Sa Mo-Su Mo-Su Overtime is not the rule - overtime work will be								
normal working hours/week: 35-40 hours overtime is not the rule - overtime work will be compensated by free time								
Insurance Coverage								
Liability insurance coverage Against damages causes by the trainee at the work place is covered by our yes	□ ves □ no							
company / organisation.	☐ yes ☐ II0							
Accident insurance coverage	□ ves □ no							
Against accidents at work is covered by our company / organisation.	☐ yes ☐ no							
If yes, please specify if it covers also:								
- accidents on the way to work and back from work: yes no								
<u> </u>								
Remuneration / month (please tick and enter figures) Amount	Amount							
No remuneration at all (only acceptable for short stays):								
Traineeship remuneration:	€ per month							
Please enter an								
Benefits in kind for equivalent value in the fere:	€ equivalent value per							
Benefits in kind for	month							
please specify (tick): accommodation transportation meals other								
<u></u>								
I confirm that we are not managing EU-programmes and the intern is not financed by EU money.								
Date								
Date:								