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

Host company/institution/organisation

Name of host institution:				
Division of traineeship:				
Street:		Postal code:		
City:		Country:		
Legal status	☐ private ☐ public	Commercial Orientation	☐ profit-oriented	☐ non-profit
Main activity of host institution:				
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 employees	☐	Public Authority
☐	> 250 employees	☐	NGO
		☐	Research Institution
☐	**Other Institution, please specify:**		

Contact person (e.g. HR department, head of department, etc.)

Title:	Mrs. ☐ Ms. ☐ Mr. ☐	Academic Title (e.g. Prof., Dr. etc.):	
Last name:		First name:	
Division:		Position	
Phone:		Email:	

Person in charge at workplace (mentor):

Title:	Mrs. ☐ Ms. ☐ Mr. ☐	Academic Title (e.g. Prof., Dr. etc.):	
Last name:		First name:	
Division:		Position	
Phone:		Email:	

We hereby confirm that we are willing and prepared to accept the below-mentioned trainee on full-time basis in our company/institution. We intend to give her/him tasks and responsibilities in accordance with her/his qualifications and theo retical knowledge acquired during the studies. We will co-operate with the LEONARDO-Office Brandenburg in the preparation and evaluation of the placement.

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 language is:		Required level:	A1 ☐	A2 ☐	B1 ☐	B2 ☐	C1 ☐	C2 ☐
For the Common European Framework of Reference for Languages (**CEFR**) see http://europass.cedefop.europa.eu/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:		
Participation in work meetings foreseen:	☐ yes	☐ no
I assure that the intern will have his/her own workplace and receive all equipment necessary for the traineeship	☐ yes	

Normal working hours/week

working days/week:	Mo-Fr ☐	Mo-Sa ☐	Mo-Su ☐
normal working hours/week:	☐ 35-40 hours (full-time)	☐ 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 company / organisation.	☐ yes	☐ no
Accident insurance coverage Against accidents at work is covered by our company / organisation.	☐ yes	☐ no
If yes, please specify if it covers also:		
- accidents during travels made for work purposes:	☐ yes	☐ no
- accidents on the way to work and back from work:	☐ yes	☐ no

Remuneration / month (please tick and enter figures)

		Amount	
No remuneration at all:	☐		
Traineeship remuneration:	☐		€ per month
Benefits in kind for	☐	**equates to €:**	
please specify (tick): ☐ accommodation ☐ transportation ☐ meals ☐ other			

I confirm that the intern is not financed by EU money.

Date:

Signature of person responsible: **Institution stamp**