



## Acceptance of traineeship/internship by host company/institution

| PARTICIPANT INFORMATION       |               |         |
|-------------------------------|---------------|---------|
| Name:                         | Last name(s): |         |
| ID                            | Phone number: | e-mail: |
| Origin department or faculty: |               |         |

| COMPANY/INSTITUTION INFORMATION                       |                                |  |
|---|--------------------------------|--|
| Name:   |                                |  |
| Department:   |                                |  |
| Address (Street, number, postal code, city, country): |                                |  |
| Company size:   | Small <input type="checkbox"/> | Medium <input type="checkbox"/> Large <input type="checkbox"/> |
| Area of work:   |                                |  |

| CONTACT PERSON AT THE COMPANY/INSTITUTION |      |
|---|------|
| Name:                                     |      |
| Position:                                 |      |
| Phone Number:                             | Fax: |
| Email address:                            |      |

|  |
|--|
| INFORMATION ABOUT THE INTERNSHIP                                 |
| Approximate dates of the internship period:                      |
| Work language:   |
| Brief description of the tasks to be carried out by the student: |

This is confirmation of the ACCEPTANCE of the student to carry the Erasmus+ internship at our company/institution

Signature and seal

Place and date