**“Ex-ante”- confirmation by a company to receive a trainee**

**in the framework of the programme Erasmus+ 202X-202X**

We hereby confirm that we are willing and prepared to employ

**Trainee**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | Name: |  | | Address: |  | |  |
|  |  |  |

as a trainee in our company. We intend to give her/him tasks and responsibilities in accordance to her/his qualifications and theoretical knowledge acquired during the studies.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Traineeship time frame** | | | | |
|  |  |  | |
| Date of start of traineeship: | | | End of traineeship: | | |
| Duration of traineeship in months:  (at least 2 full months!) | | |  | | |

**The Receiving Organisation/Enterprise**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Department: |  |
| Address: |  | Country: |  |
| Website:  Sector of activity: |  | Size of enterprise: | 1 to 20   21 to 50   51 to 250   251 to 500   501 to 2.000   2.001 to 5.000   more than 5.000 |
| Contact person  name / position: |  | Contact person e-mail / phone : |  |
| Mentor name / position: |  | Mentor  e-mail / phone: |  |

**Proposed mobility programme**

|  |  |
| --- | --- |
| Number of working hours per week: |  |
| Traineeship title: |  |
| Detailed programme of the traineeship period:   * Please fill minimum of 10 rows   Tasks of the trainee:   * Please fill minimum of 5 rows   Knowledge, skills and competences to be acquired by the trainee at the end of the traineeship: | |

**Remuneration (Please tick or enter figures)**

The above mentioned trainee will **monthly** receive:

|  |  |
| --- | --- |
|  | no financial support |
|  | a financial support of EUR: |
|  | we will arrange accommodation for him/her during the traineeship |
|  | we will pay for accommodation for him/her during the traineeship |
|  | we will pay for him/her the health insurance during the traineeship |
|  | we will pay for him/her the damages liability insurance during the traineeship |

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|  |

**Responsible person**

I confirm that the financial support paid to the trainee by our company is not financed by EU money and the trainee does not work within another EU project.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Function: |  |
| Phone number: |  | E-mail: |  |

Signature of person responsible: Company stamp:

Date: