

## Allegato C

Headed paper of the host organization

# LETTER OF ACCEPTANCE

Under Erasmus+ \_\_\_\_\_

Hereby I declare my intention to accept in the framework of the Erasmus+ Traineeship programme the student: \_\_\_\_\_  
for \_\_\_\_\_ months period of internship in my Office/Enterprise,  
**from:** \_\_\_\_\_ **to:** \_\_\_\_\_.

My office/Enterprise/Institution works in the field of:

\_\_\_\_\_  
\_\_\_\_\_

I also declare to respect the responsibilities as stated in the enclosed "Partnership Quality Commitment".

NAME OF SIGNATORY: \_\_\_\_\_

POSITION: \_\_\_\_\_

ORGANISATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

**SIGNATURE AND STAMP**

QUALITY COMMITMENT  
For Erasmus+ Traineeship

This Quality Commitment replicates the principles of the European Quality Charter for Mobility

### THE SENDING HIGHER EDUCATION INSTITUTION\* UNDERTAKES TO:

Define the **learning outcomes** of the placement in terms of the knowledge, skills and competencies to be acquired

Assist the student/graduate in **choosing** the appropriate host organisation, project duration and placement content to achieve these learning outcomes

**Select** students/graduates on the basis of clearly defined and transparent criteria and procedures and sign a **placement contract** with the selected students/graduates.

**Prepare** students/graduates for the practical, professional and cultural life of the host country, in particular through language training tailored to meet their occupational needs

Provide **logistical support** to students/graduates concerning travel arrangements, visa, accommodation, residence or work permits and social security cover and insurance

Give **full recognition** to the student/graduate for satisfactory completed activities specified in the Training Agreement

**Evaluate** with each student/graduate the personal and professional development achieved through participation in the Erasmus+ programme

### THE SENDING INSTITUTION\* AND HOST ORGANISATION JOINTLY UNDERTAKE TO:

Negotiate and agree a tailor-made **Training Agreement** (including the programme of the placement and the recognition arrangements) for each student/graduate and the adequate mentoring arrangements

**Monitor** the progress of the placement and take appropriate action if required

### THE HOST ORGANISATION UNDERTAKES TO:

Assign to students/graduates **tasks and responsibilities** (as stipulated in the Training Agreement) to match their knowledge, skills, competencies and training objectives and ensure that appropriate equipment and support is available

Draw **a contract or equivalent document** for the placement in accordance with the requirements of the national legislation

**Appoint a mentor** to advise students/graduates, help them with their integration in the host environment and monitor their training progress

Provide **practical support** if required, check appropriate insurance cover and facilitate understanding of the culture of the host country

### THE STUDENT/GRADUATE UNDERTAKES TO:

Comply with all **arrangements** negotiated for his/her placement and to do his/her best to make the placement a success

Abide by the **rules and regulations** of the host organisation, its normal working hours, code of conduct and rules of confidentiality

**Communicate** with the sending institution about any problem or changes regarding the placement

**Submit a report** in the specified format and any required supporting documents at the end of the placement

\* In the event that the higher education institution is integrated in a consortium, its commitments may be shared with the coordinating organisation of the consortium

## INFORMATION SHEET FOR ERASMUS+

### PARTNER ORGANISATION:

LEGAL NAME: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

FULL LEGAL NAME (NATIONAL LANGUAGE): \_\_\_\_\_

NUMBER OF EMPLOYEES BELOW 250? :     YES     NO

PIC ORGANISATION: \_\_\_\_\_

NO PIC ORGANISATION

ACRONYME: \_\_\_\_\_

TYPE OF ORGANISATION:

( Public body  Non- profit)

LEGAL ADDRESS: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

REGION: \_\_\_\_\_

CITY: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

### BRIEF DESCRIPTION OF THE ORGANISATION:

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**BRIEF DESCRIPTION OF THE WORK PROGRAMME (TRAINEESHIP):**

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**CONTACT DETAILS OF THE COMPANY RESPONSIBLE FOR TRAINEESHIP**

NAME: \_\_\_\_\_

SURNAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE NR: \_\_\_\_\_

DATE: \_\_\_\_\_

**SIGNATURE AND STAMPE**