



## CONFIRMATION OF ACCEPTANCE FOR ERASMUS+ TRAINEESHIP

*Legal name of the organisation providing training:		
*Business name:		
*Type of organisation:	<input type="checkbox"/> Beneficiary <input type="checkbox"/> Public Body <input type="checkbox"/> Non-profit <input type="checkbox"/> _____	
*Legal address, country, city of the organisation		
*Country where the training will take place:		
Size (according to the approx. number of employees):	<input type="checkbox"/> < 250	<input type="checkbox"/> > 250
Contact person: E-mail: *Phone:		
Student's mentor: E-mail: Phone:		

*\*Required fields*

The organisation/company \_\_\_\_\_ (name of the company/organisation) confirms that \_\_\_\_\_ (name of the student), a student at the University of Zadar, will take part in the organisation's/company's work experience programme from \_\_\_\_\_ until \_\_\_\_\_.

The organisation/company binds itself to complete the work experience programme according to the Erasmus+ Learning Agreement for Traineeship that will be agreed upon by all three parties: the student, University of Zadar and \_\_\_\_\_ (name of the company/organisation).

The student will get payment from organisation/company: no / yes (if yes, approximately \_\_\_\_\_ € / month).

Date and place:

Signature of the person in charge and stamp: