

Confirmation of Training Placement

ERASMUS - Traineeships

Host Organisation

Name:

Street 1:

Street 2:

Postcode:

City:

Telephone:

Country:

Fax:

Website:

Size:

Working hours/week:

Legal Status:

Type of Organisation:

Commercial Orientation:

Economic Sector:

Trainee

First name:

Last name:

University: University of Bremen

Traineeship

Startdate:

Enddate:

Duration:

(minimum 60 days)

Payment:

Yes

/month

No

Is the trainee covered by the host organisation with a

Liability Insurance

Yes

No

Accident Insurance

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

Detailed programme of the traineeship period:

Knowledge, skills and competences to be acquired by the trainee at the end of the traineeship:

Monitoring plan:

Evaluation plan:

Person who is in charge of the training placement (Name, Email)

First name:

Last name:

Title:

Email:

Position:

Date

Signature
(Name, function)