

LETTER OF INTENT

ERASMUS+ TRAINEESHIPS PROGRAMME

A person responsible for traineeships at the host institution is kindly asked to fill this form in, providing the student and the university with details of the organisation and the information about required insurance. The last part confirms that the student is accepted by the company as a trainee.

1) DETAILS OF THE HOST INSTITUTION

| | |
|---|--|
| Legal name of the host organisation/company: | |
| Business name of the host organisation/company: | |
| Full legal name (National Language) | |
| PIC number (if applicable) | |
| OID number (if applicable) | |
| Coordinator/person in charge at the host organisation: | |
| Address | Street: _____ No.: _____ |
| | City: _____ Region: _____ |
| | Country: _____ Post code: _____ |
| Telephone: | |
| E-mail: | |
| Website address: | |
| Type of organisation/economy's sector: | <input type="checkbox"/> Non-profit <input type="checkbox"/> Public Body <input type="checkbox"/> Not applicable |
| Country where the company is based: | |
| Country where the training will take place: | |
| Size of the enterprise (approx. number of employees): | |

2) INSURANCE AT THE HOST INSTITUTION

During his/her traineeship the trainee is obliged to carry:

accident insurance: Yes No

liability insurance: Yes No

Is the trainee covered by the accident insurance of the host organisation? Yes No

The accident insurance covers:

- accidents during travels made for work purposes: Yes No
- accidents on the way to work and back from work: Yes No

Is the trainee covered by a liability insurance of the host organisation? Yes No

3) ACCEPTANCE CONFIRMATION

The organisation/company (name of the host institution) confirms that (name of the student), a student at the **University of Gdańsk**, will take part in the organisation's/company's traineeships programme

from **to**

The organisation/company binds itself to complete the traineeship programme according to the working plan agreed upon by all three parties: the organisation/company providing the training, the student and the student's home institution.

Name and Surname of the person in charge:

Signature and stamp* :

Date and place :

* if the host organization does not use any stamp, scan of the Business Card with the name of the authorized signatory is required