**CONFIRMATION LETTER**

This is to confirm that **<STUDENT‘S NAME, SURMANE>**(date of birth <dd/mm/yyyy>) student of the Faculty of <Humanities and Social Sciences/ Natural Sciences and Health Care> of Daugavpils University, Latvia has been accepted for traineeship at the <organization legal name and organization full legal name (national language), VAT number, city, country> under EU programme *Erasmus+.*

**Erasmus+ traineeship type** (please tick the appropriate answer):

Qualification traineeship (*embedded in the programme*);

Voluntary traineeship

Recent graduate traineeship

Traineeship is planned for a period of <write a number of months> months.

Number of working hours per week <write a number of hours per week>.

Traineeship period from <**dd/mm/yyyy**> until <**dd/mm/yyyy**> .

**Mobility type** (please tick the appropriate answer):

☐ Physical *(traineeship is taking place in the host location)*

☐ Virtual *(traineeship is taking place in the home location of the participant)*

☐ Blended *(traineeship combines virtual activities at the home location with a physical mobility period)*

If applicable, planned period of the virtual period: from <dd/mm/yyyy> to <dd/mm/yyyy> .

Main tasks and the competences / skills to be acquired by the trainee during placement period:

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| **Main tasks of the traineeship (including the virtual component, if applicable)** | **Competences / skills to be acquired** |
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| **Contact person**  at the host organization/ enterprise | Position |  |
| Name/s |  |
| Last name/s |  |
| Email |  |
| Phone |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | | **Mentor** | Position |  | | Name/s |  | | Last name/s |  | | Email |  | | Phone |  | | | |
| The organisation will cover students insurance/s (for the whole placement period): | | |
| Accident on work insurance | Yes | No |
| Liability insurance | Yes | No |
| Health insurance | Yes | No |
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**SIGNED ON BEHALF OF THE HOST ORGANIZATION / ENTERPRISE**

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| --- | --- |
| Full name of signatory: |  |
| Position: |  |
| Signature and stamp: |  |
| Place and date: |  |
| Web page of the organisation/ enterprise: |  |
|  |  |
| Phone: |  |
| Email: |  |