**TRAINEESHIP CONFIRMATION LETTER**

This is to confirm that

***Student‘s name, surmane***

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;

[ ]  Voluntary traineeship;

[ ]  Recent graduate traineeship;

[ ]  Doctoral mobility.

Traineeship is planned for a period of \_\_\_\_\_\_\_\_\_\_\_\_\_months/ days.

Number of working hours per week \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Traineeship period

|  |  |  |  |
| --- | --- | --- | --- |
| from |  | until |  |

**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 |  | until |  |

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

|  |  |
| --- | --- |
| **Main tasks of the traineeship (including the virtual component, if applicable)** | **Competences / skills to be acquired** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Contact person** at the host organization/ enterprise | Position |  |
| Name/s |  |
| Last name/s |  |
| Email |  |
| Phone |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |
| --- | --- | --- |
| **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 |

**SIGNED ON BEHALF OF THE HOST ORGANIZATION / ENTERPRISE**

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