

CONSORTIUM TRAINEESHIP PROPOSAL FORM

We hereby confirm that we will host Mr/Ms _____,
Student from the University of Pisa, as an Consortium Erasmus+ trainee in our Organization/Enterprise, if he/she obtains
a contribution under the University of Pisa's Erasmus+ scheme.

We intend to entrust him/her with tasks and responsibilities according to his/her studies, qualifications and knowledge.
Traineeship duration period: From _____ To _____ # months _____

Main language of work

The level of language competence in _____ [indicate here the main language of work] that the trainee
already has or agrees to acquire by the start of the mobility period is: A1 A2 B1 B2 C1 C2

Contents/Task of the proposed traineeship

Detailed description of trainee's tasks: _____

Short description of Organization/Enterprise's activities: _____

Information about the receiving Organisation/Enterprise

Full legal name of receiving Organisation/Enterprise: _____

Receiving Organisation/Enterprise Pic (if applicable): _____

Receiving Organisation/Enterprise Erasmus Code (if applicable): _____

Receiving Organisation/Enterprise Public body: Yes No

Receiving Organisation/Enterprise non-profit: Yes No

Receiving Organisation/Enterprise size: <250 employees >250 employees

Country: _____ Address: _____ Post Code: _____

City: _____ e-mail: _____

Web site: _____ Tel.: _____ Fax: _____

Name of legal head: _____ Position: _____

e-mail: _____ Tel.: _____

Name of supervisor: _____ Position: _____

e-mail: _____ Tel.: _____

Signatures

Name of Receiving Organisation/Enterprise legal representative: _____

Date: _____ Signature: _____

The sending Institution: **Università di Pisa**

Name of International Area Coordinator: _____

Date: _____ Signature for acknowledgement _____

N.B. All fields are mandatory.