

# 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:

Working Language:

## Trainee

First name:

Last name:

University: University of Bremen

## Traineeship

Startdate:

Enddate:

Duration:

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:

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Date

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Signature  
(Name, function)