



UNIVERSITY OF GDANSK/ ERASMUS EXCHANGE OFFICE 80-309 Gdańsk, ul. Bażyńskiego 8, +48 58 523 31 22 e-mail:bwzs@uq.edu.pl

## 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)	
Coordinator/person in charge at the host organisation:	
	Legal address:
Address	
	Country:
	Post code:
Telephone:	
E-mail:	
Type of organisation/economy's sector:	
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 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) 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 :

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