**LETTER OF ADMISSION**

To complete this part, please use relevant codes indicated in the tables below.

1. **RECEIVING ORGANISATION/ENTERPRISE**

|  |  |  |
| --- | --- | --- |
| **Identification** | | |
| Full legal name of the organisation in the national language: | | |
| Legal status:  private public |  | |
| Website: http:// | Working language(s): | |
| **Legal address** | | |
| Street, No.: | Postal code: | City: |
| Country: | Region: | |

|  |  |
| --- | --- |
| **Contact person** | |
| Family name: | First name, title: |
| Gender: male female | Official position within the organisation: |
| Telephone (incl. country and area code): + | E-mail:      @ |

We hereby confirm that we are willing and prepared to employ the below mentioned student as a full-time trainee in our organisation. We intend to give him/her tasks and responsibilities in accordance to his/her qualifications, theoretical knowledge acquired during the studies and training objectives related to his/her professional and personal development. We will co-operate with Palacký University Olomouc in the preparation, implementation and evaluation of the traineeship.

1. **TRAINEE**

|  |  |  |
| --- | --- | --- |
| Family name: | | First name, title: |
| Citizenship: | | Street, No.: |
| Postal code: | City: | Country: |

1. **TRAINEESHIP**

|  |
| --- |
| Position title: |

|  |  |  |
| --- | --- | --- |
| **Local and temporal specification** | | |
| Department/division: | | |
| Workplace address[[1]](#footnote-1) | | |
| Street, No.: | Postal code: | City: |
| Country: | Region: | |
| Physical mobility start date: dd/mm/yyyy | Physical mobility end date: dd/mm/yyyy | |
| Duration[[2]](#footnote-2): 0,0 months |  | |

|  |
| --- |
| **Detailed programme of the training period and tasks of the trainee** |
| Please list activities the trainee shall be involved in. For each activity, indicate its anticipated temporal frame (e.g. 5 days a week, on an ongoing basis, on an as-needed basis, from-to) and tasks the trainee shall carry out. Add as many activities as needed.  - Activity 1:  temporal frame:  tasks:  To be able to perform the tasks, the minimum level of language competence expected from the trainee in the main working language(s) that the trainee will use in the receiving organisation/enterprise is:   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Language | Level[[3]](#footnote-3) | | | | | | |  | A1 | A2 | B1 | B2 | C1 | C2 | |  | A1 | A2 | B1 | B2 | C1 | C2 | |  | A1 | A2 | B1 | B2 | C1 | C2 | |

|  |  |
| --- | --- |
| **Person responsible for supervising the trainee[[4]](#footnote-4)** | |
| Family name: | First name, title: |
| Gender: male female | Official position within the organisation: |
| Telephone (incl. country and area code): + | Mobile (incl. country and area code): + |
| Fax (incl. country and area code): + | E-mail:      @ |

1. **WORKING CONDITIONS**

|  |  |
| --- | --- |
| **Working hours** | |
| Working hours: from 00:00 to 00:00, with a total of 00,0 hours/week | Work at weekends and on public holidays: YES NO |

|  |  |
| --- | --- |
| **Remuneration** | |
| Financial contribution:       EUR/month | Contribution in kind: accommodation  meal allowance  travel allowance  visa  other (please specify):  none |

|  |  |
| --- | --- |
| **Insurance** | |
| The receiving organisation/enterprise will provide an accident insurance to the trainee:  YES  NO | 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 |
| The receiving organisation/enterprise will provide a liability insurance to the trainee:  YES  NO | |

We confirm that the trainee will not be financed by other actions/programmes of the EU.

Place:       Date:

Signature of person responsible Stamp of the receiving organisation/enterprise

Name and position:

1. Complete this section ONLY if different from the registered office address. [↑](#footnote-ref-1)
2. The traineeship shall last for a minimum of 5 weeks and a maximum of 5 months. [↑](#footnote-ref-2)
3. Common European Framework of Reference (CEFR) levels of language proficiency: A1 – Beginner, A2 – Elementary, B1 – Intermediate, B2 – Upper intermediate, C1 – Advanced, C2 – Proficiency. [↑](#footnote-ref-3)
4. Complete this section ONLY if different from the contact person. [↑](#footnote-ref-4)