**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**

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| Position title:       |

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| **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 |  |

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| **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 |

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| **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**

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| **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)