**(To be written on headed paper of the Host Organization)**

Università degli studi di Palermo

Piazza Marina, 61

90133 Palermo

ITALIA

We, the undersigned NAME OF THE COMPANY/INSTITUTION, hereby declare our willingness and commitment to host Mr/Ms NAME OF THE STUDENT, as an Erasmus plus grant holder in our Company/Institution, in case He/She will pass all the selection steps, arranged by University of Palermo.

The traineeship will take place from \_\_/\_\_/\_\_\_\_ till \_\_/\_\_/\_\_\_\_ as the following work programme:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The workplace main language which will be used during the traineeship will be : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The level of language competence required by our Company/Institution is: A1 ☐ A2 ☐ B1 ☐ B2 ☐ C1 ☐ C2 ☐

**We hereby declare that we have tested the candidate’s linguistic capabilities and verified that they correspond to the level of language competence required to perform the traineeship.**

We will guarantee the following facilities :

 accommodation

 canteen

 monthly supplement to the ERASMUS grant, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 others, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INFO HOST ORGANIZATION:**

|  |  |
| --- | --- |
| Company/Institution: |  |
| Field of work: |  |
| Address: |  |
| Postal Code, City: |  |
| Country: |  |
| PIC number: |  |
| Contact Person: |  |
| Position: |  |
| E-mail:  |  |
| Phone number: |  |

ORIGINAL SIGNATURE OF AUTHORISED PERSON AND STAMP