

Allegato B

Headed paper of the host organization

LETTER OF ACCEPTANCE

Under Erasmus+ _____

Hereby I declare my intention to accept in the framework of the Erasmus+ Traineeship programme the student: _____ for _____ months period of internship in my Office/Enterprise, **from:** _____ **to:** _____.

My office/Enterprise/Institution works in the field of:

I also declare to respect the responsibilities as stated in the enclosed "Partnership Quality Commitment".

NAME OF SIGNATORY: _____

POSITION: _____

ORGANISATION: _____

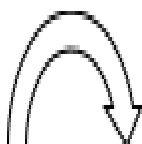
ADDRESS: _____

POSTAL CODE: _____

COUNTRY: _____

EMAIL: _____

PHONE NUMBER: _____



DATE: _____

SIGNATURE AND STAMP

QUALITY COMMITMENT For Erasmus+ Traineeship

This Quality Commitment replicates the principles of the European Quality Charter for Mobility

THE SENDING HIGHER EDUCATION INSTITUTION* UNDERTAKES TO:

Define the **learning outcomes** of the placement in terms of the knowledge, skills and competencies to be acquired

Assist the student/graduate in **choosing** the appropriate host organisation, project duration and placement content to achieve these learning outcomes

Select students/graduates on the basis of clearly defined and transparent criteria and procedures and sign a **placement contract** with the selected students/graduates.

Prepare students/graduates for the practical, professional and cultural life of the host country, in particular through language training tailored to meet their occupational needs

Provide **logistical support** to students/graduates concerning travel arrangements, visa, accommodation, residence or work permits and social security cover and insurance

Give **full recognition** to the student/graduate for satisfactory completed activities specified in the Training Agreement

Evaluate with each student/graduate the personal and professional development achieved through participation in the Erasmus+ programme

THE SENDING INSTITUTION* AND HOST ORGANISATION JOINTLY UNDERTAKE TO:

Negotiate and agree a tailor-made **Training Agreement** (including the programme of the placement and the recognition arrangements) for each student/graduate and the adequate mentoring arrangements

Monitor the progress of the placement and take appropriate action if required

THE HOST ORGANISATION UNDERTAKES TO:

Assign to students/graduates **tasks and responsibilities** (as stipulated in the Training Agreement) to match their knowledge, skills, competencies and training objectives and ensure that appropriate equipment and support is available

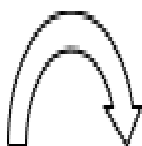
Draw **a contract or equivalent document** for the placement in accordance with the requirements of the national legislation

Appoint a mentor to advise students/graduates, help them with their integration in the host environment and monitor their training progress

Provide **practical support** if required, check appropriate insurance cover and facilitate understanding of the culture of the host country

THE STUDENT/GRADUATE UNDERTAKES TO:

Accademia di Belle Arti – Via delle Industrie, 76 – 48122 Ravenna
Tel. 0544/453125 - e-mail: erasmus@abaravenna.it - www.abaravenna.it



Comply with all **arrangements** negotiated for his/her placement and to do his/her best to make the placement a success

Abide by the **rules and regulations** of the host organisation, its normal working hours, code of conduct and rules of confidentiality

Communicate with the sending institution about any problem or changes regarding the placement

Submit a report in the specified format and any required supporting documents at the end of the placement

* In the event that the higher education institution is integrated in a consortium, its commitments may be shared with the co-ordinating organisation of the consortium

INFORMATION SHEET FOR ERASMUS+

PARTNER ORGANISATION:

LEGAL NAME: _____

BUSINESS NAME: _____

FULL LEGAL NAME (NATIONAL LANGUAGE): _____

NUMBER OF EMPLOYEES BELOW 250? : YES NO

PIC ORGANISATION: _____

NO PIC ORGANISATION

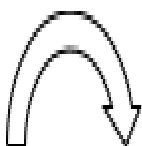
ACRONYME: _____

TYPE OF ORGANISATION: _____

(Public body Non- profit)

LEGAL ADDRESS: _____

COUNTRY: _____



REGION: _____

CITY: _____

POSTAL CODE: _____

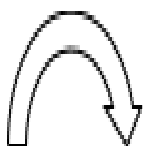
WEBSITE: _____

EMAIL: _____

PHONE: _____

BRIEF DESCRIPTION OF THE ORGANISATION:

BRIEF DESCRIPTION OF THE WORK PROGRAMME (TRAINEESHIP):



CONTACT DETAILS OF THE COMPANY RESPONSIBLE FOR TRAINEESHIP

NAME: _____

SURNAME: _____

EMAIL: _____

PHONE NR: _____

DATE: _____

SIGNATURE AND STAMPE

