

|  |  |
| --- | --- |
| Wyższa Szkoła Biznesu - National-Louis University  ERASMUS + Programme OFFICE  [Zielona 27, 33-300 Nowy Sącz](https://maps.google.com/?q=Zielona+27,+33-300+Nowy+S%C4%85cz&entry=gmail&source=g), Poland  e-mail: [erasmus@wsb-nlu.edu.pl](mailto:erasmus@wsb-nlu.edu.pl) | **Higher Education**  **Letter of Intent** |

**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:** |  |
| **Address** | **Legal address:** |
| **Country:** |
| **Post code:** |
| **Telephone:** |  |
| **Web page:** |  |
| **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):** |  |

1. **Planned period of the physical mobility:**

**from [month/year] ……………. to [month/year] …………….**

***If applicable*, planned period(s) of the virtual mobility:**

**from [month/year] ……………. to [month/year] …………….**

1. **Programme:**

**The tasks of the trainee will consist of (short description):**

-

-

-

-

-

**Virtual component description (obligatory for short –term traineeship)**

**-**

**-**

**-**

1. **The level of language competence in …………………………**[*indicate here the main language of work*] that the trainee already has or agrees to acquire by the start of the mobility period is: **A1 ☐ A2 ☐ B1 ☐ B2 ☐ C1 ☐ C2 ☐ Native speaker ☐**
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 🞏 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 🞏

**Is the trainee covered by a liability insurance of the host organisation?**

Yes 🞏 No 🞏

1. **ACCEPTANCE CONFIRMATION**

The organisation/company ………………………………………………….. (name of the host institution) confirms that ……………………………………………………... (name of the student), a student at the **Wyższa Szkoła Biznesu-National-Louis University**, will take part in the organisation's/company's traineeships programme.

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.

Signature and stamp\* of the person in charge: ………………………………………………….

Date and place: …………………………………………

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