

Placement offer

Student's Full Name:

We confirm

- that the above mentioned student is accepted as a trainee at our organization/enterprise.
- that the trainee will not receive any remuneration from EU funds.

Planned duration:

from (dd/mm/yyyy)

to (dd/mm/yyyy)

Working Area

The following
insurances are
provided for interns
at our company:

☐ Accident insurance

☐ Liability insurance

Further explanations if necessary:

Receiving Institution:

Name:

Function:

Date:

Signature:

Stamp:

Please note: Certified digital signatures preferred.