

ERASMUS TRAINEESHIP PROPOSAL FORM

We hereby confirm that we will host Mr/Ms _____,

Student from the University of Pisa, as an Erasmus trainee in our Organization/Enterprise, if he/she obtains a contribution under the University of Pisa's Erasmus+ scheme.

We intend to entrust him/her with tasks and responsibilities according to his/her studies, qualifications and knowledge.

Traineeship duration period: From _____ To _____ # months _____

Main language of work

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

Traineeship in Digital Skills¹ Yes No

If yes, your traineeship offer is/was published on the following platforms: <http://erasmusintern.org> Yes No

Contents/Task of the proposed traineeship

Detailed description of trainee's tasks: _____

Short description of Organization/Enterprise's activities: _____

¹ Will be considered as a "traineeship in digital skills" any traineeship where trainees receive training and practice in at least one or more of the following activities: digital marketing (e.g. social media management, web analytics); digital graphical, mechanical or architectural design; development of apps, software, scripts, or websites; installation, maintenance and management of IT systems and networks; cybersecurity; data analytics, mining and visualisation; programming and training of robots and artificial intelligence applications. Generic customer support, order fulfilment, data entry or office tasks are not considered in this category.

Information about the receiving Organisation/Enterprise

Full legal name of receiving Organisation/Enterprise: _____

Receiving Organisation/Enterprise Pic (if applicable): _____

Receiving Organisation/Enterprise Erasmus Code (if applicable): _____

Receiving Organisation/Enterprise Public body: Yes No

Receiving Organisation/Enterprise non-profit: Yes No

Receiving Organisation/Enterprise size: <250 employees >250 employees

Country: _____ Address: _____ Post Code: _____

City: _____ e-mail: _____

Web site: _____

Tel.: _____ Fax: _____

Name of legal head: _____ Position: _____

e-mail: _____ Tel.: _____

Name of supervisor: _____ Position: _____

e-mail: _____ Tel.: _____

Signatures

Name of Receiving Organisation/Enterprise legal representative: _____

Date: _____ Signature: _____

The sending Institution: Università di Pisa

Name of International Area Coordinator: _____

Date: _____ Signature for acknowledgement _____

N.B. All fields are mandatory.