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 _________________
- For PhD students (short mobility): from ____________________________ To ____________________________ # days _________________
  (from 5 to 30 days)
- For students (blended short mobility): from ____________________________ To ____________________________ # days _________________
  (from 5 to 30 days)

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 Skills\(^1\) Yes (Basic) ☐  Yes (Advanced) ☐  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.