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 Organ under the University of Pisa's Erasmus+ scheme.	nization/Enterpr	ise, if he/she obtains a contributio
We intend to entrust him/her with tasks and responsibilities according	g to his/her stud	lies, qualifications and knowledge.
Traineeship duration period:		
- From To # month	S	
 From To # month For PhD students (short mobility): from # 	То	# days
(from 5 to 30 days)		
- For students (blended short mobility): from(from 5 to 30 days)	To	# days
Main language of work		
The level of language competence in	[indicate here the m	ain 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 □
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 Org	ganisation/Enterp	rise:				
Receiving Organisation/Enterp	rise Pic (if applicable):					
Receiving Organisation/Enterp	rise Erasmus Code	e (if applicabl	e):			
Receiving Organisation/Enterp	rise Public body:	Yes □	No □			
Receiving Organisation/Enterp	rise non-profit:	Yes □	No □			
Receiving Organisation/Enterp	rise size: <250 e	mployee	s 🗆	>250 employees □		
Country:	Address: _				Post Code:	
City:		e-	mail:			
Web site:						
Tel,:						
Name of legal head:				Position:		
e-mail:				Tel.:		
Name of supervisor:				Position:		
e-mail:						
Signatures						
Name of Receiving Organisatio	n/Enterprise legal	represe	ntative:			
Date:	Signature	e:				
The sending Institution: Univer	rsità di Pisa					
Name of International Area Co	ordinator:					
Date:	Signature	for ackn	owledge	ment		

N.B. All fields are mandatory.