*To be printed on the headed paper of the host institution after removing this text in red.*

*Please kindly fill in the blank spaces, sign it, and send the student a scanned copy.*

***Please delete this notice before completing the letter.***

**ERASMUS+ MOBILITY FOR TRAINEESHIP**

**2023/2024 A.Y.**

**LETTER OF INTENT (LOI)**

**To:**

Lorena Canaku

Università Iuav di Venezia

International Relations Office

Campo della Lana

S. Croce 601

30135 – Venice (Italy)

Tel: +39 041 257 1725

Email: tirocinio.estero@iuav.it

**Our organisation:**

FULL NAME: XXXXXXX

ADDRESS: XXXXXXX

Postcode: XXXXXXX

City: XXXXXXX

Country: XXXXXXX

Tel. XXXXXXX

Email: XXXXXXX

Director: XXXXXXX

Contact person’s name: XXXXXXX

Following the interview with the applicant (name and surname of the perspective intern) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, we have decided to offer him/her an internship in the field of \_\_\_\_\_\_\_\_\_\_\_\_ (Architecture, Design, Fashion, Urban Planning, etc.) in the frame of the Erasmus+ programme for **2023/2024** a.y.

The placement will begin on \_\_\_\_\_\_\_\_ and continue until \_\_\_\_\_\_\_\_\_ (that is for ... months).

The language used during the placement will be: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The minimum level of language required is (*please, choose one of the options*):

B1 / B2 / C1

Our daily working hours will be from …. to …., for a total of … hours per week (36 hours/week minimum).

The detailed programme of the training period will be:

 …

- Knowledge, skills and competence to be acquired:

 …

- Tasks of the trainee:

 …

- Monitoring and evaluation plan:

 …

**The traineeship will be carried out in accordance with the national health security directives of both the home and the host Country of the trainee. Thus, if necessary, the placement might be partly carried out remotely by the trainee (e.g. smart working; home office; etc…).**

The tutor for this placement will be Mr/s.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (contacts/telephone/email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_), who will act as a tutor/supervisor during the internship.

Sincerely,

Legal representative or head of the office/department, etc.

(date and signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_