

PLEASE USE HEADED PAPER OF THE HOST INSTITUTION

Ms/Mr (student).....

Department of Psychology

Department of Sports

University of Turin

Place, date.....

**HOST INSTITUTION FOR ERASMUS+ FOR TRAINEESHIP – CALL 2021**

With the present statement I, the undersigned *[title, name, surname]*.....

..... Position in the Institution.....

declare that the Institution/Company

Country ..... Town.....

Type of Institution/legal status.....

is interested in participating to the **Erasmus+ for Traineeship Call 2021** in collaboration with the Department of ....., University of Turin (Sending Institution).

If the COVID-19 situation will allow it, we are available to act as **Host Institution** during a period of training/internship/other (please specify.....) for

- [Ms/Mr/Dr., name, surname] .....  
☐ Undergraduate – ☐ Post-graduate - ☐ PhD student
- in the field of.....
- for a period of months (select one option): ..... exact ☐ / maximum ☐ (minimum 60 days)
- Language skills required: language.....level.....certificate.....

The activity of the student will be carried out under the tutoring of the staff of our Institution/Company and will be focused on:

\_\_\_\_\_

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If the COVID-19 situation will allow it, the Host Institution is available to provide logistic information assistance and cooperate in the different phases of the project implementation such as information, tutoring activities, monitoring and evaluation.

In case of unexpected impossibility to host the student, the Host Institution will inform the Sending Institution with sufficient notice.

The student, if eligible, will receive a scholarship from the Sending Institution under the Erasmus+ for Traineeship – Call 2021. The amount is determined by the Sending Institution: <https://www.unito.it/internazionalita/studiare-e-lavorare-allestero/erasmus/erasmus-traineeship> (in Italian).

The Sending Institution will provide a liability insurance and an accident insurance to the Trainee (if not provided by the Hosting Institution): the accident insurance **will not cover** accidents on the way to work and back from work and will **not cover** accidents during travels made for work purposes. <https://www.unito.it/universita-e-lavoro/tutela-e-assistenza/assicurazioni>.

It is understood that the fulfillment of additional terms and conditions required by the legislation of the Host institution's country, if any, will be considered by the Host Institution.

It is understood that if the Italian Minister of External Affairs and International Cooperation advise not to travel towards the destination or whether the Host administration considers not safe the permanence of the student at the destination of the call, the mobility project will be suspended, modified, interrupted and/or cancelled.

This letter does not represent a commitment by the Host Institution but an expression of interest and availability.

The Host Institution will/will not require - in addition to the Learning Agreement:

- Additional documents.....signed by.....
- Communication/information concerning the student.....

Host Institution

Name, Surname..... - Signature.....

Student

Name, Surname..... - Signature.....

**NB: IF IT IS NOT POSSIBLE TO USE THE HEADED PAPER OF THE INSTITUTION, A CONFIRMATION OF ACCEPTANCE (EMAIL) BY THE HOSTING INSTITUTION SHOULD BE ATTACHED TO THIS LETTER.**