"PLEASE COPY ON YOUR HEADED PAPER".

"COMPANY NAME"
"RESPONSABLE FULL NAME"
"FULL ADDRESSE"
"POSTAL CODE"
"CITY-COUNTRY"

Please, complete the following concepts:

"FULL ADDRESS" "CITY-POSTAL CODE"

"RESPONSABLE FULL NAME"

"TEL./FAX./E-MAIL"

"COMPANY NAME"

"FULL ADDRESS"

Date (please insert date of the beginning of the placement)

To whom it may concern,

In compliance with Erasmus+ 2022, KA1 action (2022-1-ES01-KA131-HED-000062667), "<u>Company Full name</u>" undertakes to collaborate with <u>Confebask-Basque Enterprises</u> Confederation, and with "<u>University Full Name</u>", within the framework of the ERASMUS + programme.

In particular, we are glad to nominate "STUDENT FULL NAME" as intern, from "STARTING DATE" to "ENDING DATE"; the work placement programme will be under the mentor's supervision of "FULL NAME", developing the following tasks (please complete the following questions):

1.	Knowledge, skills and competence to be acquired:-
2.	Detailed programme of the training period:
3.	Tasks of the trainee:
4.	Monitoring and evaluation plan:
Yours	sincerely,
	(Signature and Stamp)