

ALLEGATO D

(please, print on headed paper)

TRAINEESHIP OFFER FORM

Name and address of the company: Activity sector: CEO or Referent for Traineeship activity, and contacts:

➤ **Name and surname of the trainee:**

➤ **Traineeship period:**

- from [day (optional)/month/year] to [day (optional)/month/year]

(at least two months: finish date must be before 30 September 2026)

➤ **Description of the activities to carry out:**

➤ **Language of traineeship*:**

Please, specify if a level higher than B1 is required:

☐B2 ☐C1 ☐C2

We hereby confirm that we are willing to host

Mr/Ms..... student of the University of Molise, as a trainee in our company, if he/she obtains an Erasmus+ status. We intend to entrust him/her with tasks and responsibilities according to his/her studies, qualifications and knowledge and as specified in the learning agreement that will be duly filled in by each part before the student's mobility. At any time, for force majeure or any possible hindrance, the Company reserves the right to withdraw.

Name and position of the signatory:

Date,

Signature (and stamp)

*if the host is an Italian company based abroad, the language of work must be different from Italian.