Λογότυπο της Ελληνικής Αρχής του εξωτερικού

(Logo of the Host Institution).

*Στοιχεία υπευθύνου (Ονοματεπώνυμο, ιδιότητα, διεύθυνση, τηλέφωνο, φαξ, e-mail, ιστοσελίδα) για την υπογραφή του learning agreement .(Name, Surname, Position, Address, Fax, website, E-mail of the Responsible person for signing the Learning Agreement).*

**We hereby confirm that Mr/Mrs ………….. has been accepted for traineeship from………. to……… in the framework of the Erasmus+ Mobility for Traineeships programme academic year 2023-2024.**

*Στοιχεία του αρμόδιου ατόμου του φορέα υποδοχής υπευθύνου της παρακολούθησης (Supervisor’s data).*

*Αναλυτική Περιγραφή του*  ***προγράμματος*** *της περιόδου πρακτικής άσκησης, καθώς και τα* ***καθήκοντα*** *του εκπαιδευόμενου (κατά προτίμηση ανά μήνα). Detailed description of the traineeship programme and the tasks of the trainee (preferably per month).*

**First month:**

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**Second month:**

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**Third month:**

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*Ημερομηνία / Date ……………………………..*

*Υπογραφή του υπεύθυνου / Sign of the Responsible person*

*Σφραγίδα της Αρχής / Stamp of the Host Institution/Organization etc.*