**CONFIRMATION OF ACCEPTANCE**

**FOR ERASMUS+ PLACEMENT**

|  |  |
| --- | --- |
| \*Legal name of the organisationproviding training: |  |
| \*Business name: |  |
| \*Type of organisation: |  Beneficiary  Public Body  Non-profit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \*Legal address, country, city of the organisation |  |
| \*Country where the training will take place: |  |
| Size (according to the approx. number of employees): |  < 250  > 250 |
| Contact person: E-mail: \*Phone: |  |
| Student's mentor: E-mail: Phone: |  |

\*Required fields

The organisation/company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of the organisation/company)

confirms that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name of the student), a student at the European Business School Zagreb, will take part in the organisation's/company's work experience programme from \_\_\_\_\_\_\_\_until \_\_\_\_\_\_\_\_\_.

The organisation/company binds itself to complete the work experience programme according to

the Training agreement for Erasmus+ student placement that will be agreed upon by all three

parties: the student, European Business School Zagreb and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of the organisation/company).

The student will get payment from organisation/company: no / yes (if yes, approx.\_\_\_\_\_\_\_\_\_€ /

month).

Date and place Signature of the person in charge and stamp

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_