To be printed on the headed paper of the host institution after removing this text in red. Please kindly fill in the blank spaces, sign it, and send the student a scanned copy. Please delete this notice before completing the letter.

## ERASMUS+ MOBILITY FOR TRAINEESHIP A.Y. 2019/2020 LETTER OF INTENT

To Prof. Giuseppe La Bruna

Head of the Academy of Fine Arts Venice Dorsoduro 423 30123 – Venice –(Italy) Tel: +39 041 2413752

Fax: +39 041 5230129

E- mail: protocollo@accademiavenezia.it	
Our organisation: FULL NAME: ADDRESS: Postcode: City: Country: Tel. Email: Director: Contact person's name:	
Following the interview with the applicant (name and surname of the perspective intern)	_, we nning,
The placement will begin on and continue until (that is for months).	
The language used during the placement will be:	
The minimum level of language required is ( <i>please, choose one of the options</i> ): B1 / B2 / C1	
Our daily working hours will be from to, for a total of hours per week (36 hours/week minimum).	
The detailed programme of the training period will be:	
Knowledge, skills and competence to be acquired:	
Tasks of the trainee:	
··· · Monitoring and evaluation plan: ···	
The traineeship will be carried out in accordance with the national health security directives of both the and the host Country of the trainee. Thus, if necessary, the placement might be partly carried out remote the trainee (e.g. smart working; home office; etc).	
The tutor for this placement will be Mr/s (contacts/telephone/email:who will act as a tutor/supervisor during the internship.	),
Sincerely,	
Legal representative or head of the office/department, etc.	
(date and signature)	