*(Legal name of the Hosting Institution)*

I undersigned, *(name of Contact person of the Hosting Institution)* *,* Official Contact Person of,  *( name of the Institution*), located in *(Address of the Hosting Institution).*

**DECLARE:**

* to accept ***(***Name and Surname of the Trainer)as Trainee within our organization.
* that the mobility period doesn’t start and finish on Sunday
* that the mobility period will last from *dd/mm/yyyy* to dd/mm/yyyy , excluding travel days.

Yours faithfully, *dd/mm/yyyy*

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(Signature of the Official Contact person of the Hosting Organization))

Stamp of the hosting company (if available):