ERASMUS TRAINEESHIP PROPOSAL FORM

We hereby confirm tha	t we will host Mr/Ms		
	•	e in our Organization/Enter	prise, if he/she obtains a contributio
under the University of	Pisa's Erasmus+ scheme.		
We intend to entrust hi	m/her with tasks and responsibil	ities according to his/her st	udies, qualifications and knowledge.
Traineeship duration p			
- From	To ts (short mobility): from	# months	
- For PhD studen	ts (short mobility): from	To	# days
(from 5 to 30 d	• •	To	# days
(from 5 to 30 d		10	# uays
Main language of work			
			e main language of work] that the trainee
already has or agrees to	acquire by the start of the mobi	llity period is: A1 \square A2	□ B1 □ B2 □ C1 □ C2 □
Contents/Task of the p Detailed description of	roposed traineeship trainee's tasks:		
Short description of Org	ganization/Enterprise's activities:		
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¹ Will be considered as a "traineeship in digital skills" any traineeship where trainees receive training and practice in at least one or more of the following activities: digital marketing (e.g. social media management, web analytics); digital graphical, mechanical or architectural design; development of apps, software, scripts, or websites; installation, maintenance and management of IT systems and networks; cybersecurity; data analytics, mining and visualisation; programming and training of robots and artificial intelligence applications. Generic customer support, order fulfilment, data entry or office tasks are not considered in this category.

Information about the receiving Organisation/Enterprise

Full legal name of receiving Organisation/Enterprise:			
Receiving Organisation/Enterprise Pic (if applicable):			
Receiving Organisation/Enterprise Erasmus Code (if applicable):			
Receiving Organisation/Enterprise Public body: Yes \square No \square			
Receiving Organisation/Enterprise non-profit: Yes \square No \square			
Receiving Organisation/Enterprise size: <250 employees □	>250 employees		
Country: Address:	Post Code:		
ty: e-mail:			
Web site:			
el.: Fax:			
Name of legal head:	Position:		
e-mail:	Tel.:		
Name of supervisor:	Position:		
e-mail:			
Signatures			
On behalf of the receiving Organisation/Enterprise: Date:			
Signature:			
The sending Institution: Università di Pisa			
Name of International Area Coordinator:			
Date:			
Signature for acknowledgement			

N.B. All fields are mandatory.