**ALLEGATO B**

ACCADEMIA DI BELLE ARTI DI VENEZIA

ERASMUS+ MOBILITY FOR TRAINEESHIP

**LETTER OF INTENT**

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| To | **Prof. Riccardo Caldura**  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: XXXXXXX

ADDRESS: XXXXXXX

Postcode: XXXXXXX

City: XXXXXXX

Country: XXXXXXX

Tel. XXXXXXX

Email: XXXXXXX

Director: XXXXXXX

Contact person’s name: XXXXXXX

Following the interview with the applicant (name and surname of the perspective intern) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, we have decided to offer him/her an internship in the field of \_\_\_\_\_\_\_\_\_\_\_\_ in the frame of the Erasmus+ programme.

The traineeship will begin on \_\_\_\_\_\_\_\_ and continue until \_\_\_\_\_\_\_\_\_ (that is for ... months).

The language used during the traineeship will be: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The minimum level of language required is (*please, choose one of the options*):

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 home and the host Country of the trainee.**

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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_