## TO BE WRITTEN ON HEADED NOTEPAPER OF THE OFFICE/ENTERPRISE/INSTITUTION

Date,

To the Mobility Consortium "Calabria 2030" Associazione Polidea Via Tommaso Arnoni, 55/a I - 87100 COSENZA

Hereby	I	declare	e to	accept,	in	the	mainfram	e of	the	Erasmus+	Traineeship,	Mr/Ms
•••••	• • • • •				for a	ı	months	period	d of in	nternship in o	our Office/Ente	erprise.
Our Offi	ice/	Enterpr	ise/Ins	stitution v	works	s in th	ne field of					
The wor	k la	nguage	is							• • • • • • • • • • • • • • • • • • • •		
Mr./Ms.					. will	l be a	sked to wo	rk on	the fo	ollowing top	ics:	
He/She	will	be wor	king a	ıt our Off	ice/E	interp	orise/Institu	ition i	n the	following pe		
										uality Comm	nitment".	
(See atta	chr	ment)										
Yours si	nce	rely										

ORIGINAL SIGNATURE AND STAMP