

TRAINEESHIP CONFIRMATION

Trainee

First Name(s)

Last Name(s)

Receiving organisation/enterprise

Name of Enterprise

Sector (i.e. Automotive, Fashion...)

Street

Postal Code

City

Country

Website (URL)

Contact Person

First Name(s)

Last Name(s)

Position

Phone

E-Mail

Start and end of the traineeship

from [day/month/year]

till [day/month/year]

Name and signature of the responsible person at the receiving organisation/enterprise:

Responsible Person's Name:

Date Signature

Stamp