**LETTER OF INTENT**

**The ERASMUS + Programme (2021-2027)**

**Student Mobility for Traineeship (Work Placement) in Enterprises, Training Centres, Research Centres, Hospitals, Universities and Other Organisations**

I commit myself to receive student/s from the **MEDICAL UNIVERSITY OF LODZ, Poland**

for a traineeship for a total of ….............days *(minimum 60 days for MD students and recent graduates*

*and minimum 5 days for PhD students)*

for a placement from.................(*day/month/year)* to....................(*day/month/year*)

at (*full legal name of the host organisation/institution) ……………………………………………………………………………………….*

A*ddress: (Street, Number) …………………………………………………………………………………………………*

*(Postal Code, City)* **…………………………………………………………………**

company registered in *(country)*with *(number) ….............*...Employees

Website ……………………………………………………………

**OID** (Organization ID for Erasmus programme) E\_\_\_\_\_\_\_\_\_\_\_\_\_ ***(required)***

*If you do not have OID number, you can register your organization:*

<https://webgate.ec.europa.eu/erasmus-esc/index/organisations/register-my-organisation>

**Name/s of student/s:**

1. ……………………………………………………………………………………………………………………………………………………………….

2. ……………………………………………………………………………………………………………………………………………………………….

3. ……………………………………………………………………………………………………………………………………………………………….

**General traineeship description** *(topic and tasks)***:**

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**Language of traineeship…**.............................

**Mentor/Contact person details in the Receiving Organization/Enterprise:**

First Name and Last Surname: ………………………………

Position: …………………………………………………………….

Phone (with area code): ………………………………………Email: ………………………………………………………………

I guarantee a placement for visiting student/s and a Certificate of Attendance confirmed by the Placement Coordinator and signed by the Head or any other person in charge.

The period of placement will be covered by a placement contract and carried out according to a Training Agreement regarding the programme of the placement period. Both documents will be accepted by the Medical University of Lodz,

*Place and Date:* *S*ignature:

……………………………….. ………………………………………………...

Stamp of Institution:

First Name and Last Name, Position (print letters):

(*if different from the data above)*