(HEADED PAPER OF HOST INSTITUTION)

All. B

Spett.le Fondazione ITS PRIME Academy
Via Panciatichi,29
50127 Firenze

Erasmus+ Programme - Staff Mobility for Training

Details of Host Institution/Organisation	
Full Name Institution	
Office / Department / Centre (if applicable)	
Address	
Country	
Contact person	(Name and position)
	(e-mail / phone)
Size of enterprise (if applicable)	☐<250 employees
	☐>250 employees
Main field of activity	
Date of establishment	
PIC ECAS (if applicable)	

Acceptance letter

We herewith confirm that our institution/organisation agrees to host **(please insert name of participant)** within the framework of the *Erasmus+ Programme - Staff Mobility for Training* at the **(please insert Office / Department / Centre)**.

Length of stay: from _____ until _____ (minimum 2 working days)

Purpose of stay:

Sincerely,

....
(Official stamp and signature)