All. n. 4

Spett.le TUCEP

Via Martiri 28 Marzo, n. 35

06129 Perugia

**Erasmus+ Programme - Staff Mobility for Training**

|  |
| --- |
| **Details of Host Institution/Organisation** |
| Full NameInstitution |  |
| 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 |  |

**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)