



**Acceptance Form: CERFA TRAINEESHIP PROGRAMME 2024**

We hereby declare that, as a possible Host Institution, we have read this application and will accept a student as a trainee under the ERASMUS + Programme for a practical training period of ………. months (final dates are to be agreed upon with the student).

We also declare that as the receiving Institution/Enterprise, we will provide appropriate support and equipment to the trainee.

The student will be under the direct supervision of Mr/Mrs ………………........................................ (Host Applicant - Scientific supervisor) who is included in the department/faculty .....................................................

*Name, Surname, Signature and Stamp when applied:*

**Host Institution:**

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**Principal Investigator** of the host supervisor group (*if different from the applicant*):

| I confirm that I have read this application, agree to the student working in the applicant’s laboratory for the specified period and if applicable, I confirm that the group/department will cover the cost of the consumables related to this project. |
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**Host Applicant / Scientific Supervisor**:

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