## LETTER OF CONFIRMATION ON ACCEPTING A STUDENT FOR PLACEMENT

dd/mm/yyyy

To Kaunas Forestry and Environmental Engineering University of Applied Sciences Liepų St 1, Girionys, LT-53101 Kaunas reg., Lithuania

## TO WHOM IT MAY CONCERN

We hereby inform that Name and Surname of the student, date of birth studying Name of the study programme at Name of the academic department of Kaunas Forestry and Environmental Engineering University of Applied Sciences is accepted for a months placement at Name of the Host Organization from dd/mm/yy to dd/mm/yy.

Name:		Surname: Position: Years of experience in this field of work:		
Division:				
Field of work:				
Address		reals of experience in this field of worm.		
Telephone:	Fax:	E-mail:		
	E TASKS PLANNED AND AGREED ask(s) agreed with the student:			
	E INSURANCE AND INCENTIVE Marked by the accident insurance, cover			
damages caused to the st	tudent at the workplace Yes	s \square No		
accidents during travels	made for work purpose Yes	s 🔲 No		
accidents on the way to	work and back from work Yes	s 🔲 No		
The student will be cover workplace	red by a liability insurance of the ho	ost organisation, covering damages caused by the student at the No		
The student will receiv	ve a financial support during the	placement period:		
Yes (	EUR per month)	No		
The student will receiv	ve a contribution in kind during	-		
	ase specify: )	_ No		
Yes (ple				
	RKING HOURS/DAYS			
Yes (ple				
Yes (ple	per day			
Yes (ple  INFORMATION ON WO  working hours p	oer day er week	GE COMPETENCES REQUIRED TO PERFORM THE TASKS		
Yes (ple  INFORMATION ON WO  working hours p  working days po	oer day er week E MINIMUM LEVEL OF LANGUAG	GE COMPETENCES REQUIRED TO PERFORM THE TASKS d from the trainee in the main working language(s)		

<sup>&</sup>lt;sup>1</sup> For the Common European Framework of Reference for Languages (**CEFR**) see <a href="http://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr">http://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr</a>

Speaking								
A1 □ A2 □	B1 □	B2 □	C1 🗆	C2 🗆				
Writing								
A1	B1 □	B2 □	C1 🗆	C2 🗆				
INFORMATION ON THE SPECIAL REQUIREMENTS FOR THE STUDENT								
FOR FURTHER INFORMATION PLEASE CONTACT:								
Full name:				]	Position:			
Phone:					Fax:			
E-mail:								
Position of the Head of Organization Name and Surname								
(Signature)								