



Erasmus+

a.i.m. rlp
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Host organization

Name of the host organisation:

Address of the host organisation:

New ERASMUS trainee ...?

We are furthermore interested in ERASMUS trainees: YES NO

Required field of studies:

Required language skills:

Number of students/year:

Next possible training period (dates):

Desired duration of the placement:

Contact person for applications

Name:

Email:

Phone:

On behalf of the host organisation

By signing this form, I confirm that the information about the host organization and contact person can be forwarded to Erasmus+ applicants.

Date

Name, Function, Signature