ERASMUS MOBILITY CONSORTIUM FOR TRAINEESHIP
INTERNSHIP4ALL

Placement Offer Form

INSTITUTION	
Postal Address	
Telephone	
E-mail	
Website	
Short Description of the Institution	
PLACEMENT INFORMATION	
Department/Unit (Name/Brief intro)	
Address	
Description of Assignments *(Please provide as much detail as possible.)*	
Contact person	
Contact Details (e-mail, phone)	
Duration of Traineeship (Max 12 Months)	
Working hours / Weekly hours	
Help with finding Accommodation	☐ Yes ☐ No
Financial Contribution	☐ Yes (if Yes, please specify the amount) ☐ No
Other	
REQUIREMENTS	
Field/s of Study	
Oral and written language skills	☐ English (Level: Advanced) ☐ German (Level:) ☐ Turkish (Level:) ☐ Other .....(*Please specify)* (level:)
Computer skills	☐ Microsoft Office ☐ Other .....(*Please specify)* (level:)
Driver's license	☐ Yes ☐ No
Other skills	-
KEYWORDS FOR THE POSITION	