



**ANNEX C: LETTER OF COMMITMENT OF THE HOSTING STRUCTURE**

**(on headed paper of the hosting structure)**

Mr. / Mrs. \_\_\_\_\_

Born in \_\_\_\_\_ il \_\_\_\_\_

Legal Representative / owner of

\_\_\_\_\_

with registered office in (indicate Country, City and address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

operating unit hosting the work experience, if different from the registered office (indicate Country, City and address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

**GIVEN THAT**

the present commitment concerns the recipient \_\_\_\_\_,  
\_\_\_\_\_, who will carry out the work experience at  
\_\_\_\_\_;

the work experience will last (just tick the appropriate box below):

30 days

60 days

90 days

the work experience, which constitutes object of this letter of commitment, does not constitute in any way an employment relationship.

the professional reference profile of the work experience is \_\_\_\_\_;

the activities that will be carried out during the work experience are:  
\_\_\_\_\_;

**IN THE QUALITY OF THE HOSTING STRUCTURE, ASSUMES THE FOLLOWING OBLIGATIONS:**

- to communicate the start of the work experience before the start of the relationship to the IO of the Global Grant.
- to ensure compliance with the insurance obligation of the host subject against accidents at work, according to the current laws of the host country;
- to provide the recipient / s (beneficiary/ies) with any preventive information regarding safety and health in the workplace in accordance with current legislation;
- to host the recipient (s) (beneficiary/ies) for the entire period of the work experience, guaranteeing that the work is carried out in compliance with the program contained in the approved project, reserving the right to resolve the present commitment document, in agreement with the IO of the Global Grant, if difficulties arise that could jeopardize the success of the experience;
- to guarantee the use to the beneficiary of the equipment in his possession which are functional to the implementation of the work experience;
- to identify the contact person for the work experience for the recipient (beneficiary) in the person of \_\_\_\_\_, to whom is assigned the task to support the recipient (beneficiary) in order to positively contribute to the implementation of the experience, to favor the achievement of the results foreseen and assess them;

The undersigned acknowledges that the data provided at the time of participation in this procedure will be processed as indicated in the information notice in Annex F, which he declares to have read. By signing this document, therefore, express consent is given to the treatment.

For the hosting structure / subject

The Legal Representative / the Owner \_\_\_\_\_

(Stamp and Signature)