From: To:

|  |  |
| --- | --- |
| (Name of Institution/Enterprise)  | Hellenic Fire Academy/Officers School |
| (Contact Person) | Erasmus+ Office |
| (Address) | Kifissia |
| Tel:  |  |
| Fax: | Greece |
| e-mail: | Tel: +30 210-6265146 |
|  |  |
|  | <https://academy.fireservice.gr/> |
|  | e-mail: academyinfo@psnet.gr |

**(Place), \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**

**ERASMUS PLUS PROGRAMME**

**STAFF MOBILITY FOR TRAINING 20\_\_/\_\_**

**LETTER OF ACCEPTANCE**

We herewith confirm that we accept \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*name*), member of the administrative/teaching staff of Hellenic Fire Academy/Officers School, for a placement from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*dd.mm.yy),* till \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*dd.mm.yy*) under the signed Inter-institutional agreement (field ......) in the framework of the Erasmus+.

The mobility will take place from approximately between .............................. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 **Yours faithfully,**

*(Signature and Stamp)*

**Name of the coordinator**

**for the trainining mobility**