

## ARRIVAL CONFIRMATION

**It is hereby confirmed that**

Mr./Ms. \_\_\_\_\_ (Name of the trainee)

arrived on \_\_\_\_/\_\_\_\_/\_\_\_\_ (day/month/year)

- to start his/her internship / traineeship at our organisation.
- for quarantine. Please specify the amount of days required to quarantine upon arrival: \_\_\_\_\_

**To be completed by the Receiving Organisation / Enterprise:**

Name of the Receiving Organisation/Enterprise: \_\_\_\_\_

\_\_\_\_\_

Address of the Receiving Organisation / Enterprise:

\_\_\_\_\_

\_\_\_\_\_

Name of the supervisor at the Receiving Organisation / Enterprise:

\_\_\_\_\_

Function: \_\_\_\_\_

\_\_\_\_\_

(Date)

(Signature)

**Please note that this document should be filled in as soon as possible after arrival at the Receiving Organisation / Enterprise!**

**After completion please send the form to: [erasmus-praktikum@oth-regensburg.de](mailto:erasmus-praktikum@oth-regensburg.de)**