

## **Confirmation of Acceptance**

| We hereby confirm that                                | (student name)                                     |
|---|--|
| Will carry out a field placement at ou                | r institution.                                     |
| Name of the institution:                              |  |
|   |  |
| Address:  |  |
|   |  |
| Phone:  | Email:   |
| Website:  |  |
|   |  |
|   |  |
| The placement will take place from                    | (start date) to                                    |
| (end date). During this period, the st                | udent will work days per week, for a total         |
| duration of weeks.                                    |  |
| Practical support within the fieldwor                 | rk is provided by the help of a qualified advisor. |
| The advisor,  | (name), is appropriately                           |
| trained as a  | (please state title).                              |
| We enclose a copy of their qualification certificate. |  |
|   |  |
|   |  |
| Place and Date:                                       |  |
| Name and Position:                                    |  |
|   |  |
|   |  |
|   |  |
|   |  |
| Signature   | Official Stamp                                     |