

International Association for the Exchange
Of Students for Technical Experience

CONFIRMATION OF ACCEPTANCE

Student:

Ref. No:

I accept the offer in: (country)
For the following period:

Employer:
Address:

Person of contact:
Phone No:
Email:

I shall leave my country on:.....(day/month/year)

Time and date of arrival:(dd/mm/yyyy/hour:min) Flight/Bus/Train/Ship No.....

Place of arrival:(airport/port/railway station, etc.)

I shall require lodging from(day/month/year) to(day/month/year)

I will arrange lodging by myself

I AM AWARE THAT I AM RESPONSIBLE FOR ANY FINANCIAL LOSS INVOLVED IF I WITHDRAW OR CHANGE MY
START DATE OR CANCEL ANY ROOM ALLOCATED TO ME AFTER HAVING COMPLETED AND SIGNED THIS
FORM.

Other important information: (each country can entry different information)

I am insured against illness, liability, accidents including death and repatriation in case of illness, accidents or death
during my traineeship according to the requirements of the receiving IAESTE Member or Co-operating Institution.

I am aware that neither the IAESTE National Committee of the sending country:_____ nor that of the
receiving country: _____ can be held responsible for any accident that may occur during working
hours or in my free time.

Insurance company:

Insurance receipt No.:

Emergency contact:

Name:

Phone number:

Relationship:

I have the consent of the person mentioned above that I can provide their personal information to IAESTE and I have
informed the person mentioned above that they can be contacted by IAESTE in cases of emergency.

Date (day/month/year):

Signature:

Home address:

E-mail:

Phone number:

IT IS IMPORTANT THAT YOU COMPLETE AND RETURN THIS FORM AS SOON AS POSSIBLE BUT NOT LATER
THEN TWO WEEKS BEFORE THE START OF YOUR INTERNSHIP TO YOUR IAESTE NATIONAL OFFICE.