***Legal entity or family farm***

**Name:** *Insert name of the legal entity or farm*

**Address:** *Insert street, post code, city*

**Phone:** *Insert phone / mobile number*

**Traineeship confirmation**

to confirm that the student

**Name and surname:** *Insert name and surname*

**Study programme:** *Select study programme*

**Index number:** *Insert index number*

**JMBAG:** *Insert JMBAG*

**attended traineeship during the period from *day, month, year* to *day, month, year* in total duration of *insert number of working hours* working hours.**

|  |  |  |
| --- | --- | --- |
| In *Place of Confirmation issuing*, *Date of Confirmation issuing* | | |
|  |  |  |
|  |  | *For legal entity / family farm* |

To be delivered to the:

* Traineeship mentor
* Student
* Legal entity / Family farm archive

OB-STP-10/2