### **Letter of Support for Secondment Application**

### **[Applicant's Full Name]**[Position/Title][Sending Institution Name][Institution Address]

To whom it may concern,

This letter is to confirm the support of [Applicant’s Supervisor Name] and the [Sending Institution Name] for the secondment application of [Applicant’s Full Name] at [Name of the Secondment Opportunity] under the ERA SHUTTLE project.

#### **Consent for Secondment**

I, [Supervisor’s Full Name], in my capacity as [Supervisor’s Position/Title], hereby grant consent for [Applicant’s Full Name] to participate in the secondment opportunity outlined in their application.

#### **Eligibility Confirmation**

I confirm that [Applicant’s Full Name] meets the criteria of having been employed in research and innovation activities at [Sending Institution Name] for at least six months at the time of application submission.

#### **Post-Secondment Employment Commitment**

I further confirm that [Sending Institution Name] commits to employing [Applicant’s Full Name] for a reintegration period equal to the duration of the secondment after its conclusion. This employment will ensure the continuity and reintegration of [Applicant’s Full Name] gained knowledge during secondment into their professional role at the institution.

Both the applicant and I, as their supervisor, understand the terms and expectations outlined in this letter and affirm our commitment to the successful execution and reintegration phase of the secondment.

####

####

#### **Signatures**

| **Applicant** | **Supervisor** |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [Name and Surname] | [Name and Surname] |
| [Position] | [Position] |
| [Date] | [Date] |