

## Avsiktsförklaring/Letter of Intent

**We\*:**

*(fill in the name of your school/institution/organisation)*

**hereby confirm our participation in the Atlas programme**

**together with\*:**

*(fill in the name of the Swedish school)*

**during the following time period\*:**

*(fill in month and year of planned activity. Dates must be within valid project period)*

**Name of legal representative at school/institution/organisation below\*:**

**Physical signature below\***

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*\*all fields must be filled in correctly*

*If the application concerns Atlas planning (Atlas planering) or Atlas partnership (Atlas partnerskap), I/we confirm that we will take active part in the cooperation to reach the goals and objectives of the project.*

*If the application concerns Atlas Vocational Training (Atlas praktik), I/we guarantee that participating students receive qualitative vocational training in consultation with my/our Swedish partner school.*