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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student / Trainee** | | **Last name(s)** | | **First name(s)** | **Date of birth** | | **Nationality** | | **Sex** | | **Study cycle** | | **Field of education** | |
|  | |  |  | |  | |  | |  | |  | |
| **Sending Institution** | | **Name** | | **Department** | **Country** | | **Contact person name; email; phone** | | | | | | | |
|  | |  |  | |  | | | | | | | |
| **Receiving** **Organisation/Enterprise** | | **Name** | | **Department** | **Address; website** | | **Country** | | **Size** | | **Contact person**  **name; position; e-mail; phone** | | **Mentor**  **name; position;**  **e-mail; phone** | |
|  | |  |  | |  | | < 250 employees  > 250 employees | |  | |  | |
|  | | | | | | | | | | | | | | |
|  | **Training Programme at the Receiving Organisation/Enterprise** | | | | | | | | | | | | | |
| **Planned period of the mobility: from [date/month/year] to [date/month/year]\_\_\_\_\_\_\_**  **Number of ECTS value: \_\_\_\_\_** | | | | | | | | | | | | | | |
| **Traineeship title: (if applicable)** | | | | | | | | | **Number of working hours per week:** | | | | | |
| **Detailed programme of the traineeship:** | | | | | | | | | | | | | | |
| **Knowledge**, **skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes):** | | | | | | | | | | | | | | |
| **Monitoring plan:** | | | | | | | | | | | | | | |
| **Evaluation plan:** | | | | | | | | | | | | | | |
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| **Commitment**  **APPROVAL**: By signing this document, the trainee, the Sending Institution and the Receiving Organisation/Enterprise confirm that they approve the Traineeship Programme at the Receiving Organisation/Enterprise and that they will comply with all the arrangements agreed by all parties.  **CHANGES**: The trainee and Receiving Organisation/Enterprise will communicate to the Sending Institution any problem or changes regarding the traineeship period.  **INSURANCE**: The trainee is responsible for having adequate travel and health insurance coverage for the traineeship period. The trainee and the Receiving Organisation/Enterprise confirm they have discussed whether to provide the trainee with liability insurance or not, and who is responsible for obtaining the insurance.  **By signing this document the student binds himself/herself to repay the grant if the training period is not completed as stated above.** | | | | | |
| **Commitment** | **Name** | **Email** | **Position** | **Date** | **Signature** |
| Student |  |  | *Trainee* |  |  |
| Contact person at the sending institutions |  |  |  |  |  |
| Supervisor at the Receiving Organisation |  |  |  |  |  |