|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |   |   |   |   |  |