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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student / Trainee** | | **First name(s)** | **Last name(s)** | **Date of birth** | | **Sex [M/F]** | | **Number of years prior to mobility** | | **Study level**  **BA**  **MA** | | |
|  |  |  | |  | |  | |  | | |
| **SWIFT/BIC** | **IBAN** | | | **Home address of student** | | | | | | |
|  |  | | |  | | | | | | |
| **Sending Institution** | | **Name** | **Department** | **Country** | | **Contact person name; email; phone** | | | | | | |
|  |  |  | |  | | | | | | |
| **Receiving** **Organisation /Enterprise** | | **Name of Organisation** | **website** | **Address** | | **Country** | | **Contact person**  **name; e-mail; phone** | | **Mentor (if different to contact person)**  **name;**  **e-mail; phone** | | |
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|  | | | | | | | | | | | | |
|  | **Training Programme at the Receiving Organisation/Enterprise** | | | | | | | | | | | |
| **Planned period of the mobility: from................ [date/month/year] to........................ [date/month/year]** | | | | | | | | | | | | |
| **Number of working hours per week:** | | | | | | | | **ECTS (recognition):** | | | | |
| **Description of the training** (including main tasks) | | | | | | | | | | | | |
| **Knowledge**, **skills and competences to be acquired by the end of the work placement** (expected learning outcomes): | | | | | | | | | | | | |
| **Monitoring plan: (How will the student be mentored during the placement)**  *Eg.The student will receive feedback on a daily basis, working closely with the aritst/supervisor.* | | | | | | | | | | | | |
| **Evaluation plan:**  *The student will receive a Work Placement Certificate upon the completion of the training.* | | | | | | | | | | | | |
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| **Commitment**  **APPROVAL**: By signing this document, the trainee, the Sending school 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, health and accident 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** | **Position** | **Date** | **Signature** |
| Student |  | *Trainee* |  |  |
| Professor/Coordinator at the Sending Institution |  |  |  |  |
| Supervisor at the Receiving Organisation |  |  |  |  |

**WORK PLACEMENT CERTIFICATE**

*To be completed after the traineeship*

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| --- |
| ***To be certified by the Receiving Organisation/Enterprise*** |
| **Name of student/trainee:** |
| **Name of the Receiving Organisation/Enterprise:** |
| **Address and contact info of Receiving Organisation/Enterprise** [street, city, country, phone, e-mail address]**:** |
| **Start date and end date of traineeship: from [day/month/year] …………………. to [day/month/year] ………………..** |
| **Description of the work placement period, including main tasks carried out by the trainee and acquired skills:** (to be filled out by student) |
| **Evaluation of the student trainee (TO BE COMPLETED BY SUPERVISOR at the Receiving Organisation/ Enterprise):**  *Refrence on the overall achievement of student*  AND / OR  *I confirm that the student has successfully complete the work placement according to the description above.* |
| **Date:** |
| **Name of the Supervisor at the Receiving Organisation/Enterprise:**  **Signature of Supervisor:** |