|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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** |
|  |  |  |  |  |  |
|  |
|  | **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:** |