student mobility for placement

**training agreement**

Mobility program:……………..

**Details of the Student**

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| --- | --- |
| Name of the student: | Country: |
| Home university: | Academic Year: |
| Home university field of study:  Student identification number: | Subject area:  Degree to be achieved: |

1. **Details of the proposed training programme abroad**

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| **Host organisation:** ………………..… |
| Address: ………………..…  Size of the host organisation:  S = Small (1- 50 staff)  M = Medium (51-500 staff)  L = Large (>500 staff)  Type of work placement sector: |
| Planned dates of the placement period: from ……….. to ……………………………. that is…………….. days. |
| **Tasks of the trainee:** *(use more space if needed):*  **Detailed programme of the training period:** *(use more space if needed):*  **Monitoring and evaluation plan:** *(use more space if needed)* |

1. **Commitment of the three parties**

**The student:**

Undertakes to comply with all arrangements negotiated for his/her placement and to do his/her best to make the placement a success.

Abide by the rules and regulations of the host organisation, its normal working hours, code of conduct and rules of confidentiality.

Communicate with the sending institution about any problem or changes regarding the placement.

Submit a report in the specified format and any required supporting documents at the end of the placement.

Student´s signature: ………………..… Date: …..(dd.mm.yyyy)

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| --- | --- | --- |
| **UNIVERSITY (home institution):**  We confirm that this proposed training programme agreement is approved. On satisfactory completion of the training programme …………….. University will give recognition of completion of following course(s) (enter course title, course code and number of ECTS credits.): ……………………………………………………………………………(e.g Placement abroad).  and award the student with the following number of ECTS credits:…………………(in total).  Student will be given a record of the training period (course) in the Diploma Supplement.  The placement is part of study programme curricula:  YES  NO | | |
| Coordinator’s name and function:  ………………..……………………………………… | | Date: ………………..… (dd.mm.yyyy)  Coordinator’s signature: ………………..… |
| **The host organisation:**  We confirm that this proposed training programme is approved. On completion of the training programme the organisation will issue a Confirmation of placement period.  The student will receive a financial support for his placement from our sources:  YES  NO  The student will receive a contribution in kind for his placement from our sources:  YES  NO  (If yes, please specify….)  Name and position of the mentor (if not available, the name shall be communicated to the student upon his/her arrival):  Normal working hours /week (overtime should no be the rule): …/week………..  Is the student covered by the accident insurance of the host organisation (covering at least damages caused to the student at the workplace):  YES **(**accident insurance nr:insurer:)  NO  If yes, please specify if it covers also:  - accidents during travels made for work purposes:  YES  NO  - accidents on the way to work and back from work:  YES  NO  Is the student covered by a liability insurance of the host organisation (covering damages caused by the student at the workplace):  YES **(**liability insurance nr:insurer:  NO | | | |
| Coordinator’s name and function: | Date: 26.04.2021  Coordinator’s signature: | | |