

TRAINEESHIP AGREEMENT for recent graduates

I. IDENTIFICATION DETAILS

THE TRAINEE

Last name (s):		First name (s):	
Date of birth:		Nationality:	
Sex [M/F]:		Academic year:	2018/2019
Finished study cycle:	bachelor/master/doctoral	Subject area code:	
Phone:		E-mail:	

THE SENDING INSTITUTION

Name	Brno University of Technology	Faculty:	
Erasmus code (if applicable)	CZ BRNO01	Department:	
Address, City, Post code		Country, ISO code:	Czech Republic, CZ
Contact person - administrative¹			
Name and surname:			
E-mail:		Phone:	
Contact person - academic²			
Name and surname:			
E-mail:		Phone:	

THE RECEIVING ORGANIZATION/ENTERPRISE

Organisation name:		Name Sector ³	
Address, City, Post code:		Website:	
Size of enterprise:	<input type="checkbox"/> Small (<50 staff) <input type="checkbox"/> Medium (51-500 staff) <input type="checkbox"/> Large (> 500 staff)	Country, ISO Code:	
Contact person - administrative⁴			
Full name and position			
E-mail		Phone	
Mentor⁵			
Full name and position			
E-mail		Phone	

^{1,4} **Contact person for the administration matters** shall normally be a staff from the international office or a staff who is in charge of Erasmus outgoing students.

² **Contact person** can be an academic staff member responsible for the assessment of proposed study programme.

³ The list of top-level **NACE sector codes** available [here](#).

⁵ **Mentor**: the role of the mentor is to provide support, encouragement and information to the trainee on the life and experience relative to the enterprise (culture of the enterprise, informal codes and conducts, etc.). Normally, the mentor should be a different person than the supervisor.

II. PROPOSED MOBILITY PROGRAMME

Planned period of the mobility:		
from [day/month/year]:	till [day/month/year]:	Total days:
Number of working hours per week: <i>min 35-40, according to the standard working week in host country</i>		
Traineeship title: <i>name of position</i>		
Detailed programme of the traineeship period: <i>Min. 200 words, detailed description of the <u>specific</u> tasks, day-to-day duties and responsibilities, timetable of activities etc.</i>		
Knowledge, skills and competences to be acquired by the trainee at the end of the traineeship:		
Monitoring plan: <i>Description of the role of the mentor and supervisor of the trainee, how will the trainee be given feedback throughout the duration of the traineeship, quality assessment, the reporting of towards the sending institution etc.</i>		
Evaluation plan: <i>How will the final assessment of the trainee's performance take place at the end of traineeship.</i>		

Language competence of the trainee

The level of language competence⁶ in⁷ that the trainee already has or agrees to acquire by the start of the mobility period is: A1 A2 B1 B2 C1 C2

THE SENDING INSTITUTION

The institution undertakes to respect all the principles of the Erasmus Charter for Higher Education relating to traineeships.

The traineeship is voluntary and upon satisfactory completion of the traineeship, the institution undertakes to:

- Award ECTS credits: **not applicable**
- Give a grade: **not applicable**
- Record the traineeship in the trainee's Transcript of Records: **not applicable**

⁶ For the Common European Framework of Reference for Languages (CEFR) see <http://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr>

⁷ Please fill in the language of instruction

- Record the traineeship in the trainee's Diploma Supplement: **not applicable**
- Record the traineeship in the trainee's Europass Mobility Document: Yes No
(This is recommended if the trainee will be a recent graduate, if possible)

THE RECEIVING INSTITUTION

- The trainee will receive a financial support for his/her traineeship: Yes No
 If yes, amount in EUR/month:
- The trainee will receive a contribution in kind for his/her traineeship: Yes No
 If yes, please specify:
- Is the trainee covered by the accident insurance provided by the receiving institution?
 Yes No
 If not, please specify whether the trainee is covered by an accident insurance provided by the sending institution: Yes No
 The accident insurance, if provided by the receiving and/or sending institution, covers:
 - accidents during travels made for work purposes: Yes No
 - accidents on the way to work and back from work: Yes No
 Is the trainee covered by a liability insurance?: Yes No
- The receiving organisation/enterprise undertakes to ensure that appropriate equipment and support is available to the trainee.
- Upon completion of the traineeship, the organisation/enterprise undertakes to issue a Traineeship Certificate **in original form at the end date of the Traineeship.**

III. COMMITMENT OF THE THREE PARTIES

By signing this document, the trainee, the sending institution and the receiving organisation/enterprise confirm that they approve the proposed Learning Agreement and that they will comply with all the arrangements agreed by all parties. The trainee and receiving organisation/enterprise will communicate to the sending institution any problem or changes regarding the traineeship period.

The trainee	
Name and surname <i>(in block letters)</i> :	
Trainee's signature:	Date:
Brno University of Technology (The sending institution)	
Responsible person name ⁸ <i>(in block letters)</i> :	Function:
E-mail:	Phone:
Signature:	Date:
The receiving institution	
Responsible person name ⁹ <i>(in block letters)</i> :	Function:
E-mail:	Phone:
Signature:	Date:

⁸ **Responsible person in the sending institution:** this person is responsible for signing the Traineeship Agreement, amending it if needed and recognising traineeship outcomes on behalf of the responsible academic body as set out in the Traineeship Agreement, see academic contact person

⁹ **Responsible person in the receiving organisation (supervisor):** this person is responsible for signing the Traineeship Agreement, amending it if needed, supervising the trainee during the traineeship and signing the Traineeship Certificate