



# TRAINEESHIP AGREEMENT

## I. IDENTIFICATION DETAILS

### The Student

Last name, first name(s):					
Date of birth:	DD/MM/YYYY	Nationality:		Sex:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Academic year	201_/201_				
Semester:	Winter <input type="checkbox"/> Summer <input type="checkbox"/> Academic year <input type="checkbox"/>				
Study area:					
Contact e-mail, phone:					

### The Sending Institution

Name:	Brno University of Technology				
Faculty, department:					
Full address:		Country:	Czech Republic		
<b>Contact person<sup>1</sup></b>					
Full name and function:					
Contact e-mail, phone:					

### The Receiving Enterprise/Institution

Name:					
Full address:		Country:			
<b>Contact person<sup>2</sup></b>					
Full name and function:					
Contact e-mail, phone:					
<b>Mentor/supervisor of the trainee (if different from contact person)</b>					
Full name and function:					
Contact e-mail, phone:					

Period of mobility:	from DD/MM/YYYY till DD/MM/YYYY
---------------------	---------------------------------

<sup>1</sup> Contact person can be a staff from the international office or a staff who is in charge of outgoing students.



## II. PROPOSED MOBILITY PROGRAMME

<b>Period of mobility:</b>	<b>from DD/MM/YYYY till DD/MM/YYYY</b>
<b>Total months:</b>	
<b>Working hours per week:</b>	
<b>Detailed programme of the traineeship period:</b>	
<b>Knowledge, skill and competences to be acquired by the trainee by the end of the traineeship:</b>	
<b>Monitoring and evaluation plan:</b>	

### THE SENDING INSTITUTION

Please fill in only one of the following boxes depending on whether the traineeship is embedded in the curriculum or is a voluntary traineeship.

<p>A) <b>The traineeship is embedded in the curriculum</b> and upon satisfactory completion of the traineeship, the institution undertakes to:</p> <ul style="list-style-type: none"> <li>▪ Award <input checked="" type="checkbox"/> ECTS credits.</li> <li>▪ Give a grade based on: Traineeship certificate <input type="checkbox"/> Final report <input type="checkbox"/> Interview <input type="checkbox"/></li> <li>▪ Record the traineeship in the trainee's Transcript of Records: YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>▪ Record the traineeship in the trainee's Diploma Supplement: YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>▪ Record the traineeship in the trainee's Europass Mobility Document: YES <input type="checkbox"/> NO <input type="checkbox"/></li> </ul>
<p>B) <b>The traineeship is voluntary</b> and upon satisfactory completion of the traineeship, the institution undertakes to:</p> <ul style="list-style-type: none"> <li>▪ Award ECTS credits: YES <input type="checkbox"/> NO <input type="checkbox"/> - if yes, how many:</li> <li>▪ Give a grade: YES <input type="checkbox"/> NO <input type="checkbox"/> - if yes, please indicate if this will be based on: Traineeship certificate <input type="checkbox"/> Final report <input type="checkbox"/> Interview <input type="checkbox"/></li> <li>▪ Record the traineeship in the trainee's Transcript of Records: Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>▪ Record the traineeship in the trainee's Diploma <i>Supplement</i> (except if the trainee is a recent</li> </ul>



<p><i>graduate</i>): Yes <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> <li>▪ Record the traineeship in the trainee's Europass Mobility Document: Yes <input type="checkbox"/> No <input type="checkbox"/></li> </ul>
--

### THE RECEIVING INSTITUTION

<ul style="list-style-type: none"> <li>▪ The trainee will receive a financial support for his/her traineeship: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, amount in EUR/month: .....</li> <li>▪ The trainee will receive a contribution in kind for his/her traineeship: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify: .....</li> <li> <ul style="list-style-type: none"> <li>• Is the trainee covered by the accident insurance? Yes <input type="checkbox"/> No <input type="checkbox"/></li> </ul> </li> <li>▪ If not, please specify whether the trainee is covered by an accident insurance provided by the sending institution: Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>▪ The accident insurance covers:                             <ul style="list-style-type: none"> <li>- accidents during travels made for work purposes: Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>- accidents on the way to work and back from work: Yes <input type="checkbox"/> No <input type="checkbox"/></li> </ul> </li> <li>▪ Is the trainee covered by a liability insurance? : Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>▪ The receiving organisation/enterprise undertakes to ensure that appropriate equipment and support is available to the trainee.</li> <li>▪ The organisation/enterprise undertakes to issue a Traineeship Certificate within 1 week after the end of traineeship.</li> </ul>
--

### 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 Traineeship 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.

	Full name	Date	Signature and stamp (if applicable)
Trainee			
Sending institution Representative			
Receiving organization Representative			