

ERASMUS PROGRAMME

TRAINING AGREEMENT and QUALITY COMMITMENT

I. DETAILS OF THE STUDENT

Name of the student:

Subject area:

Academic year:

Degree:

Sending institution:

II. DETAILS OF THE PROPOSED TRAINING PROGRAMME ABROAD

Host organisation:

Planned dates of start and end of the placement period: from __/__/__ till __/__/__, that is __ months

- Knowledge, skills and competences to be acquired:
- Detailed programme of the training period:
- Tasks of the trainee:
- To be able to perform the tasks, the minimum level of language competence expected from the trainee in the main working language(s)¹ that the trainee will use at the host department/ organisation (as define under point IV) is:
- Is this placement fully integrated in the curriculum of the trainee's degree: Yes/No
- [In case the placement takes place in a representation or public institution of the home country of the student (e.g. cultural institutes, schools) please indicate the additional transnational benefits the student will obtain as compared to a similar placement in his or her home country. Placements in a national diplomatic representation (embassy and consulate) of the home country of the student are not authorised]:
- Monitoring and evaluation plan:

¹e.g., basic/intermediary/advanced/fluent in reading/speaking/writing. More precise references may be used, notably CEFR.

III. INFORMATION on THE PARTNER HIGHER EDUCATION INSTITUTION in the HOST COUNTRY or on the coordinator of the consortium (OPTIONAL)

Whilst keeping full responsibility for the placement and for any modification to this agreement, the sending institution has a [local] [strike out if not applicable for the consortium which might provide support without having a local branch in the host country] partnership with [to be filled in with the name of the partner higher education institution/ name of the coordinator of the consortium] in view of helping with the monitoring of the mobility abroad.

All parties will keep the sending institution informed of their exchanges.

The contact person in the partner institution is:

Name: _____ Function: _____

Phone number: _____ E-mail: _____

Address: _____

IV. COMMITMENT OF THE THREE PARTIES

By signing this document the student, the sending institution and the host organisation confirm that they will abide by the principles of the Quality Commitment for Erasmus student placements set out in the document below.

The student

Student's signature _____

Date: _____

The sending institution

We confirm that this proposed training programme agreement is approved. The placement is part of the curricula Yes/No (*).

On satisfactory completion of the training programme the institution will [please indicate how the placement will be recognised. There should at least be one positive answer]:

- award ECTS credits Yes/No (*) If yes: number of ECTS credits:
- and/or (*)

record the training period in the Diploma Supplement Yes/No (*) or if not possible record it in the student's transcript of records Yes/No

In addition, the mobility period will be documented in the Europass mobility document Yes/No (*)

Coordinator's name and function _____

Date: _____

Coordinator's signature _____

(*) [please strike out the non applicable answer]

The host organisation

Name and position of the **mentor**:

Number of permanent staff in the department (team) hosting the student:

Number of other students/trainees hosted at the same time in the department (team) hosting the student:

Normal working hours /week (overtime should no be the rule):

The student will receive a financial support for his/her placement: Yes No

The student will receive a contribution in kind for his/her placement: Yes No

Is the student covered by the accident insurance of the host organisation (covering at least damages caused to the student at the workplace):

Yes (optional: 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 (optional: liability insurance nr: _____ insurer: _____) No

We confirm that this proposed training programme is approved. On completion of the training programme the organisation will issue a certificate to the student.

Coordinator's name and function

Date: _____

Coordinator's signature
