**MOBILITY FOR PLACEMENT**

**TRAINING AGREEMENT**

a.a. 20     /

**Name / Surname**

**/**

**Study Course**

**MOBILITY for PLACEMENT**

**I. DETAILS OF THE STUDENT**

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| Name of the student:      Subject area:      Academic year: 20     /     Degree:      Sending institution:       |

**II. DETAILS OF THE PROPOSED TRAINING PROGRAMME ABROAD**

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| Host organisation: **University of Udine**  |

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| Placement period: from       to      Number of months       |

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| * Knowledge, skills and competences to be acquired:

     * Detailed programme of the training period and 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]](#footnote-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* Monitoring and evaluation plan:

     The trainee will also be monitored by a tutor in the host organization. |

**IV. COMMITMENT OF THE THREE PARTIES**

By signing this document the student, the sending institution and the host organisation confirm that they will accept the conditions stated for student placements in the document below.

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| **The student:**Student’s signature      Date:       |

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| **The sending institution: University of** We confirm that this proposed training programme agreement is approved. The placement is part of the curricula\* [ ]  YES [ ]  NOOn satisfactory completion of the training programme the institution will:* award ECTS credits [ ]  Yes [ ]  No If yes: number of ECTS credits:

The sending organization guarantees the trainee’s tort liability insurance.**Insurance policies:**Tort Liability: position n.      , company: **Liability for industrial accidents**The sending organization guarantees an insurance which covers industrial accidents that may occur to the beneficiary.**Insurance policies:**The liability for industrial accidents is covered by      Coordinator’s name and function     Coordinator’s signature     Date:       |

Approve this Training Agreement:

For the Sending Institution:

CHAIRMAN OF THE DIDACTICS COMMISSION [ ]

Name and surname: Prof.

Date:       Place:

Signature:

|  |
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| **The host organisation: University of Udine**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: liabilityinsurance 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     Coordinator’s signature Date:             |  |

**(to be filled only in case of a placement in a Private Company)**

**The host organisation:**

Name and position of the **mentor**:

Mentor’s signature

      Date:

University of Udine Training Convention nr.:

Coordinator’s name and function

Coordinator’s signature

      Date:

1. e.g., basic/intermediary/advanced/fluent in reading/speaking/writing. [↑](#footnote-ref-1)