**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  NO  On 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)