**INTERNSHIP AGREEMENT**

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| **Trainee** | | | |
| Last name(s) |  | First name(s) |  |
| Date of birth |  | Nationality |  |
| Gender [M/F] |  | Academic year in which training will take place |  |
| Phone |  | Email |  |
| Current study programme |  | Academic level | Bachelor ◻︎  Master ◻︎  Other: …………………….. |
| Contact person in case of emergency |  | Phone number in case of emergency |  |
|  | | | |
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| **Sending Institution** | | | |
| Name |  | Faculty |  |
| Department |  | Address |  |
| [Country](https://www.iso.org/obp/ui/#search) |  | Contact person name |  |
| Contact person e-mail |  | Contact person phone |  |
|  | | | |
| **Receiving Instution/organisation/Company** | | | |
| Company/Org. Name |  | Company address |  |
| Country of company |  | Company website |  |
| Contact person name |  | Contact person e-mail  Contact person phone |  |
| Supervisor name |  | Supervisor e-mail  Supervisor phone |  |

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| **Proposed Work placement** | | |
| Planned period of the work placement: | From [d/m/y] | To [d/m/y] |
| Number of working hours per week (min. 20h): |  | |
| Traineeship title: | | |
| Detailed programme of the traineeship/tasks to be performed | | |
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| Knowledge, skills and competences to be acquired by the trainee at the end of the traineeship | | |
|  | | |
| Monitoring plan during traineeship | | |
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| Evaluation plan | | |
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| **The home institution** |
| The traineeship is **embedded in the curriculum** and upon satisfactory completion of the traineeship, the institution undertakes to (tick where applicable): |
| award the following number of credit points: | |
| give a grade based on:  ☐ Work placement evaluation  ☐ Final report  ☐ Interview | |

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| **The host institution/organisation/company** |
| The trainee will receive a financial support for the Traineeship from the institution/organisation/company: No ☐ Yes ☐☞ (pick currency)/month: |
| The trainee will receive a contribution in kind for his/her work placement: No ☐ Yes ☐☞ please specify: |
| How is the trainee covered by an accident insurance?  • By host organisation ☐  • By home institution/organisation/company ☐  • Individually ☐ |
| The accident insurance 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 ☐ |
| Upon completion of the traineeship, the organisation/enterprise undertakes to issue a “Work placement evaluation“. |

**COMMITMENT OF THE THREE PARTIES**

By signing this document, the trainee, the home institution and the host institution/organisation/company confirm that they approve the proposed Training Agreement and that they will comply with all the arrangements agreed by all parties.

The trainee and receiving institution/organisation/company will communicate to the sending institution any problem or changes regarding the traineeship.

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| **Signatures** |  |
| **The trainee** Trainee’s signature  Date: |  |
| **The home institution** Responsible person’s signature  Date: |  |
| **The host institution/organisation/company** Responsible person’s signature  Date: |  |