**TRAINEESHIP AGREEMENT**

1. **IDENTIFICATION DETAILS**

**THE TRAINEE**

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| --- | --- | --- | --- |
| **Last name (s)** |  | **First name (s)** |  |
| **Date of birth** |  | **Nationality** |  |
| **Sex [*M/F*]** |  | **Semester, year** | **WS/SS/AY 2023/2024** |
| **Study cycle** | *bachelor/master/doctoral* | **Field of study code** |  |
| **Phone** |  | **E-mail** |  |

**THE SENDING INSTITUTION**

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| --- | --- | --- | --- | --- |
| **Name & Erasmus ID** | **Brno University of Technology** | | **Faculty, dpt.** | Faculty of Civil Engineering |
| **Full address** | Veveří 331/95, 602 00 Brno | | **Country** | Czech Republic |
| **Contact person** | | | | |
| **Full name, position, contact** | | Ludmila Zelinková  International office | [Zelinkova.l@fce.vutbr.cz](mailto:Zelinkova.l@fce.vutbr.cz) +420 541147130 |  |

**THE RECEIVING ORGANIZATION/ENTERPRISE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Organisation name** |  | | | | | |
| **Full address** |  | | | **Website** | |  |
| **Size of enterprise** | 🞏 Small (<50 staff) 🞏 Medium (51-500 staff) 🞏 Large (> 500 staff) | | | **Country** | |  |
| **Contact person** | | | | | | |
| Full name, position, contact | |  |  | |  | |
| **Mentor** | | | | | | |
| Full name, position, contact | |  |  | |  | |

#### **II. PROPOSED MOBILITY PROGRAMME**

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| --- | --- |
| **Mobility start date: dd/mm/yyyy** | **Mobility end date: dd/mm/yyyy** |
| **Number of working hours per week:** *(must be a full-time equivalent in a host country, e.g. 40 hrs/week)* | |
| **Traineeship title:** *(the name or short description of the trainee position)* | |
| **Detailed programme of the traineeship period:**  *Description of the* ***specific*** *tasks, day-to-day duties and responsibilities, timetable of activities etc.* | |
| **Knowledge**, **skills and competences to be acquired by the trainee at the end of the traineeship:** | |
| **Monitoring plan:**  *Description of the role of the mentor and supervisor of the trainee, how the trainee will be given feedback throughout the duration of the traineeship, quality assessment, the reporting of towards the sending institution etc* | |
| **Evaluation plan:**  *How the final assessment of the trainee’s performance will take place at the end of traineeship.* | |

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| **Language competence of the trainee**  The level of language competence in ……………………………… that the trainee already has or agrees to acquire by the start of the mobility period is: A1  A2  B1  B2  C1  C2 |

**THE SENDING INSTITUTION**

The institution undertakes to respect all the principles of the Erasmus Charter for Higher Education relating to traineeships. Depending on whether the traineeship is embedded in the curriculum or it is a voluntary traineeship, the sending institution undertakes to award recognition of the traineeship by **at least one** of the following ways:

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| **The traineeship is:**  1. embedded in the trainee’s curriculum, i.e. **COMPULSORY**  2. not embedded in the trainee´s curriculum, i.e. **VOLUNTARY** |
| **In terms of academic recognition, the sending institution undertakes to:**   * Award ECTS or equivalent credits: YES  NO ; if YES, how many: * Give a grade YES  NO ; if YES based on: Traineeship Certificate  Final report  Interview * Record the traineeship in the trainee's Transcript of Records: YES  NO * Record the traineeship in the trainee's Diploma Supplement: YES  NO * Record the traineeship in the trainee's Europass Mobility Document: YES  NO |
| **With regards to the insurance, the sending institution undertakes to:**   * **Provide an accident insurance** YES  NO ; if YES, it shall cover:   + Accidents during travels for work purposes YES  NO   + Accidents on way to/from work YES  NO * **Provide a liability** insurance YES  NO |

**THE RECEIVING INSTITUTION**

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| **The receiving institution undertakes to:**   * Provide a financial support to the trainee: YES  NO ; **if YES, the amount in EUR/month**: …….. * Provide another contribution in kind to the trainee: YES  NO ; if YES, please specify: * **Provide an accident insurance** YES  NO ; if YES, it shall cover:   + Accidents during travels for work purposes YES  NO   + Accidents on way to/from work YES  NO * **Provide a liability** insurance YES  NO * Provide appropriate support and equipment to the Trainee. * **Upon completion of the Traineeship** **issue a Traineeship Certificate** or equivalent, declaring the actual duration of the traineeship, its outcomes and evaluating student’s performance. This document has to be delivered in **original form** to the sending institution **no later than 15 days** after the end of the traineeship. |

**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.

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|  | ***Full name, position (if appl.)*** | ***Date*** | ***Signature(s)*** |
| **Trainee** |  |  |  |
| **Sending institution representative(s)** | doc. JUDr. Ing. Zdeněk Dufek, Ph.D. |  |  |
| **Receiving institution representative(s)** |  |  |  |