**TRAINING AGREEMENT**

**ERASMUS+ 2017/18**

**The Trainee**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name (s) |  | First name (s) |  |
| Date of birth |  | Nationality |  |
| Academic year | 2017/2018 | Sex (M/F) |  |
| Study cycle | **🞏** Bachelor  **🞏** Master  **🞏** Doctoral | Subject area,  Code | …………………………………………………  ………………………………………………… |
| Phone |  | E-mail |  |

**The Sending Institution**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | **University of Gdansk** | The Sending Faculty |  |
| Erasmus code | **PL GDANSK01** | The Sending Department |  |
| Address | **Erasmus Office**  80-952 Gdansk  Bazynskiego 1 A  POLAND | Faculty’s/Department’s contact person’s name |  |
| Contact person’s email / phone | [erasmus.praktyki@ug.edu.pl](mailto:erasmus.praktyki@ug.edu.pl)  +48 58 5232442 | Faculty’s/Department’s contact person’s email |  |

**The Receiving Organisation/Enterprise**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Department |  |
| Address, website |  | Country |  |
| Size of enterprise  (number of  Employees) | **🞏 < 2**50 employees  **🞏 > 2**50 employees | Economy’s sector |  |
| Contact person’s name / position |  | Contact person’s e-mail / phone |  |

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#### **Section to be completed BEFORE THE MOBILITY**

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#### **TABLE A - PROPOSED TRAINEESHIP PROGRAMME**

|  |
| --- |
| **Planned period of the mobility**:  from [day/month/year] ….……………………… till [day/month/year] …………………………. |
| **Number of working hours per week:** |
| **Traineeship title:** |
| **Detailed programme of the traineeship period:** |
| **Knowledge**, **skills and competences to be acquired by the trainee at the end of the traineeship**: |
| **Monitoring plan:** |
| **Evaluation plan:** |

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

**TABLE B - SENDING INSTITUTION**

**The sending institution (this part should be filled in by Departmental/Faculty Coordinator):**

The institution undertakes to respect all the principles of the Erasmus Charter for Higher Education relating to traineeships. *[Please fill in only* ***one*** *of the following three boxes depending on whether the traineeship is embedded in the curriculum (obligatory traineeship) or is a voluntary traineeship]*.

|  |
| --- |
| 1. The traineeship is embedded in the curriculum and upon satisfactory completion of the traineeship, the sending institution undertakes to:  * Award …….. ECTS credits; * Give a grade based on: Traineeship certificate 🞏 Final report prepared by the trainee 🞏 Interview 🞏 ; * Record the traineeship in the trainee's Transcript of Records and Diploma Supplement (or equivalent):   Yes  No ;   * Record the traineeship in the trainee's Europass Mobility Document: Yes  No |

|  |
| --- |
| 1. The traineeship is voluntary and upon satisfactory completion of the traineeship, the sending institution undertakes to (there should be at least one positive answer):  * Award ECTS credits: Yes 🞏 No 🞏   If yes, please indicate the number of ECTS credits: …….;   * Give a grade: Yes 🞏 No 🞏   If yes, please indicate if this will be based on:  Traineeship certificate 🞏 Final report prepared by the trainee 🞏 Interview 🞏 ;   * Record the traineeship in the trainee's Transcript of Records: Yes  No  ; * Record the traineeship in the trainee's Diploma Supplement (or equivalent), except if the trainee is a recent graduate: Yes 🞏 No 🞏; * Record the traineeship in the trainee's Europass Mobility Document: Yes  No |

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| 1. The traineeship is carried out by a recent graduate and, upon satisfactory completion of the traineeship, the institution undertakes to:  * Award ECTS credits: Yes 🞏 No 🞏   If yes, please indicate the number of ECTS credits: …….;   * Record the traineeship in the trainee's Europass Mobility Document: Yes  No |

**TABLE C - RECEIVING ORGANISATION/ ENTERPRISE**

|  |
| --- |
| **The receiving organisation/enterprise**  The trainee will receive a financial support for his/her traineeship: Yes 🞏 No 🞏  If yes, amount in EUR/month: ….    The trainee will receive a contribution in kind for his/her traineeship: Yes 🞏 No 🞏 If yes, please specify: ….  During his/her traineeship the trainee is obliged to carry:  accident insurance: Yes 🞏 No 🞏  liability insurance: Yes 🞏 No 🞏  Is the trainee covered by the accident insurance of the host organisation? Yes 🞏 No 🞏  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 of the host organisation? Yes 🞏 No 🞏  The Receiving Organisation/Enterprise will provide appropriate support and equipment to the trainee.  The receiving organisation/enterprise undertakes to ensure that appropriate equipment and support is available to the trainee. Upon completion of the traineeship, the organisation/enterprise undertakes to issue a **Traineeship Certificate** (the template will be provided by the trainee at the end of the traineeship). |

**II.**

**RESPONSIBLE PERSONS**

|  |  |
| --- | --- |
| **Responsible person at the University of Gdansk:**  **Departmental/Faculty Coordinator**  Name: .....................................................  E-mail: ..................................................... | **Responsible person at the University of Gdansk:**  **Dean/ Vice-Dean**  Name: .....................................................  E-mail: ..................................................... |
| **Administrative contact at the University of Gdansk:**  Erasmus Exchange Office  E-mail: erasmus.praktyki@ug.edu.pl | |

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| --- |
| **Responsible person at the receiving organisation/enterprise (supervisor):**  This person is responsible for signing the Training Agreement, amending it if needed, supervising the trainee during the traineeship and signing the Traineeship Certificate.  Name: ..................................................... Function: ....................................................    Phone number: ..................................................... E-mail: .................................................... |

|  |
| --- |
| **Mentor at the receiving organisation/enterprise (if applicable):**  The role of the mentor is to provide support, encouragement and information to the trainee on the life and experience relative to the enterprise (culture of the enterprise, informal codes and conducts etc.). Normally, the mentor should be a different person than the supervisor.  Name: ..................................................... Function: .....................................................  Phone number: ..................................................... E-mail: ..................................................... |

**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 Training 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. The Sending Institution and the trainee should also commit to what is set out in the Erasmus+ grant agreement.

The sending institution undertakes to respect all the principles of the Erasmus Charter for Higher Education relating to traineeships.

**The student**

|  |  |
| --- | --- |
| Student’s signature .................................................... | Date: ................................................................... |

**The sending institution: University of Gdansk**

|  |  |
| --- | --- |
| **Departmental/Faculty Coordinator’s**  **signature and stamp**  Date: ......................................................................... | **Dean’s/ Vice-Dean’s signature and stamp**  Date: ................................................................... |

**The receiving organisation/enterprise**

|  |
| --- |
| **Responsible person’s (supervisor’s) signature and stamp**  .................................................................................... Date: ................................................................... |

**IV. Section to be completed DURING THE MOBILITY**

#### **CHANGES TO THE PROPOSED TRAINEESHIP PROGRAMME**

|  |
| --- |
| **Planned period of the mobility**:  from [day/month/year] ….……………………… till [day/month/year] …………………………. |
| **Number of working hours per week:** |
| **Traineeship title:** |
| **Detailed programme of the traineeship period**: |
| **Knowledge**, **skills and competences to be acquired by the trainee at the end of the traineeship:** |
| **Monitoring plan:** |
| **Evaluation plan:** |

#### **CHANGES IN THE RESPONSIBLE PERSON(S), if any:**

|  |
| --- |
| New responsible person at the sending institution:  Name: ..................................................... Function: .....................................................  Phone number: ..................................................... E-mail: ..................................................... |

|  |
| --- |
| New responsible person at the receiving organisation/enterprise:  Name: ..................................................... Function: .....................................................  Phone number: ..................................................... E-mail: ..................................................... |

**III. COMMITMENT OF THE THREE PARTIES**

The trainee, the sending institution and the receiving organisation/enterprise confirm that the proposed amendments to the traineeship programme are approved.

**The student**

|  |  |
| --- | --- |
| Student’s signature .................................................... | Date: ................................................................... |

**The sending institution: University of Gdansk**

|  |  |
| --- | --- |
| **Departmental/Faculty Coordinator’s**  **signature and stamp**  Date: ......................................................................... | **Dean’s/ Vice-Dean’s signature and stamp**  Date: ................................................................... |

**The receiving institution**

|  |  |
| --- | --- |
| **Responsible person’s signature and stamp**  .................................................................................... | Date: ................................................................... |

**WSKAZÓWKI DLA PRAKTYKANTÓW ułatwiające prawidłowe wypełnienie dokumentu (TECHNICAL INSTRUCTIONS for the trainees)**

* plik powinien zostać wypełniony na **komputerze**, obowiązuje **wydruk dwustronny** dokumentu;
* w nagłówku, w polu „Trainee’s name”, należy umieścić swoje **imię i nazwisko**, stosując opcję edycji nagłówka.

**Tabela „The Trainee” (page 1):**

Rubryka „Subject area” i „Code”: nazwę studiowanego przez siebie kierunku wg klasyfikacji Komisji Europejskiej   
oraz przypisany do niej kod należy odnaleźć w pliku „Kody kierunków i dziedzin”, zamieszczonym w postaci załącznika na dole strony dotyczącej procedury wyjazdowej (<http://ug.edu.pl/nauka_i_rozwoj/wspolpraca_miedzynarodowa/erasmus_2014-2020/wyjazdy_studentow_i_absolwentow_na_praktyke/wyjazdy_studentow_i_absolwentow_na_praktyke_w_roku_akademickim_20172018/procedura_wyjazdowa>).

**Tabela „The Receiving Organisation/Enterprise” (page 1):**

Rubryka „Economy’s sector”: sektory gospodarki wg podziału stosowanego w UE można znaleźć na tej stronie Komisji Europejskiej:<http://ec.europa.eu/eurostat/ramon/nomenclatures/index.cfm?TargetUrl=LST_NOM_DTL&StrNom=NACE_REV2&StrLanguageCode=EN&IntPcKey=&StrLayoutCode=&IntCurrentPage=1>.

**„Monitoring plan” (page 2):**

Sposób, termin i liczba godzin, przez jaką praca praktykanta będzie poddawana superwizji („the number of supervision hours”).

**„Evaluation plan” (page 2):**

Kryteria, na podstawie których odbyta praktyka zostanie oceniona. Przykłady takich kryteriów, wskazane   
przez Komisję Europejską, to: wiedza akademicka, umiejętności analityczne, inicjatywa, zdolność przystosowania się, umiejętności komunikowania się/pracy w zespole/podejmowania decyzji/organizacyjne/językowe.

**„Language competence of the trainee” (page 2):**

Poziom znajomości języka roboczego placówki goszczącej, jakim powinien wykazywać się praktykant.

**The “sending institution” (page 3):**

W przypadku praktyki obowiązkowej (**„embedded in the curriculum”**) macierzysty Wydział jest zobligowany   
do: wskazania ilości punktów, jaką przyzna studentowi za zrealizowaną praktykę, podstawy do wystawienia oceny   
za praktykę, a także do odnotowania odbytej praktyki w Suplemencie do Dyplomu.

W przypadku praktyki nieobowiązkowej praktyka musi być jedynie wpisana do suplementu do dyplomu, wybór pozostałych opcji jest nieobowiązkowy.

**Section to be completed during the mobility (page 6)**

Uzupełnia się wyłącznie w przypadku wprowadzania zmian do pierwotnie ustalonych szczegółów realizowania praktyki lub zmiany czasu trwania praktyki (przedłużenie). Ewentualne zmiany należy skonsultować   
z Koordynatorem Wydziałowym/Instytutowym i uzyskać na nie zgodę. Po uzyskaniu zgody Koordynatora Wydziałowego/Instytutowego praktykant powinien uzyskać na str. 6 podpisy i pieczęcie instytucji goszczącej.

W przypadku przedłużenia pobytu wymagane jest poinformowanie SWZE o planowanej zmianie przynajmniej 2 tygodnie przed wskazanym w TA  pierwotnym terminem zakończenia pobytu.