student mobility for placement

**training agreement**

1. **Details of the Student**

|  |  |
| --- | --- |
| Name of the student: ………………..…MU ID number (UČO): ………………. | Country: CZECH REPUBLIC |
| Home university: MASARYK UNIVERSITY | Academic Year: ………………..… |
| Home university field of study: ………………..… | Degree to be achieved: ………………..… |

1. **Details of the proposed training programme abroad**

|  |
| --- |
| **Host institution:** ……………………………… |
| **Address:** …………………………………… |
| **Name and position of the supervisor at host institution**: …………………………………………………………. |

|  |
| --- |
| **Planned dates of the placement period**: from………………..…………. (dd.mm.yyyy) to ………………..………….(dd.mm.yyyy)  |

|  |
| --- |
| *To be filled in cooperation with the supervisor at the host institution:***Knowledge, skills and competences to be acquired:**  **Detailed programme of the training period:**  |
| **Tasks of the trainee:**  |
| **Monitoring and evaluation plan:** |

1. **Commitment of the three parties**

|  |
| --- |
| **The student:** I undertake to comply with all arrangements negotiated for my placement and to do my best to make the placement a success, abide by the rules and regulations of the host organisation, its working hours, code of conduct and rules of confidentiality.I will communicate with the sending institution about any problem or changes regarding the placement and submit a report in the specified format and any required supporting documents at the end of the placement.Student´s signature: ………………..…………….. Date: ………………..… (dd.mm.yyyy)  |
| **MASARYK UNIVERSITY (home institution):** We confirm that this proposed training programme agreement is approved. On satisfactory completion of the training programme Masaryk University will give recognition of completion of following course(s): ……………………………………………and award the student with the following number of ECTS credits: ………………… (in total).Student will be given a record of the training period (course) in the Diploma Supplement.The placement is part of study programme curriculum: [ ]  YES [ ]  NO |
| Coordinator’s name and function:………………..……………………………………………………………………………….Coordinator’s signature: ………………..……………………………………………………………………………….. | Date: ………………….…… (dd.mm.yyyy)  |
| **Host institution:** We confirm that this proposed training programme is approved. On completion of the training programme the organisation will issue a **Confirmation of placement period.**The student will receive a financial support for his placement from our sources: [ ]  YES [ ]  NOThe student will receive a contribution in kind for his placement from our sources: [ ]  YES [ ]  NOIf yes, please specify: ………………………….Normal working hours /week (overtime should not be the rule): …………………………..Is the student covered by the accident insurance of the host organisation: [ ]  YES [ ]  NO If yes, please state the insurer and accident insurance nr: **……………………………..** and specify whether it covers:- damages caused to the student at the workplace [ ]  YES [ ]  NO- accidents during travels made for work purposes: [ ]  YES [ ]  NO- accidents on the way to work and back from work: [ ]  YES [ ]  NO- liability insurance (covering damages caused by the student at the workplace): [ ]  YES [ ]  NO |
| Responsible person’s name and function:………………..…………………………………………………………………………..Responsible person’s signature: ………………..…………………………………………………………………………… | Date: ………………..…………….. (dd.mm.yyyy)  |