student mobility for placement

**training agreement**

1. **Details of the Student**

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| 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**

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

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

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| *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**

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| --- | --- |
| **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  NO  The student will receive a contribution in kind for his placement from our sources:  YES  NO  If 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) |