|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TRAINING AGREEMENT** | | | | | | | | | | |
|  | | | | | | | | | | |
| **I. DETAILS OF THE STUDENT** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Name of the student**: | |  | | | | | | | | |
| **Subject area** | |  | | | | **Academic year** | | |  | |
| **Degree** | |  | | | | | | | | |
| **Sending institution** | |  | | | | | | | | |
|  | | | | | | | | | | |
| **II. DETAILS OF THE PROPOSED TRAINING PROGRAMME ABROAD** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Host organisation** |  | | | | | | | | | |
|  | | | | | | | | | | |
| **Planned dates of start and end of the placement period** | **From** | | **\_\_\_/\_\_\_/\_\_\_\_\_** | **Till** | **\_\_\_/\_\_\_/\_\_\_\_\_** | | **that is months** | | |  |
|  | | | | | | | | | | |
| **a) Knowledge, skills and competence to be acquired:** | | | | | | | | | | |
|  | | | | | | | | | | |
| **b) Detailed programme of the training period:** | | | | | | | | | | |
|  | | | | | | | | | | |
| **c) Tasks of the trainee:** | | | | | | | | | | |
|  | | | | | | | | | | |
| **d) Monitoring and evaluation plan:** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| **III. COMMITMENT OF THE THREE PARTIES** | | | | | | | | | | |
| By signing this document the student, the sending institution and the host organisation confirm that they will abide by the principles of the Quality Commitment for Erasmus student placements set out in the document below. | | | | | | | | | | |
| **The student** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Student’s signature** | | | | | | | | **Date** | | **\_\_\_/\_\_\_/\_\_\_\_\_** |
|  | | | | | | | | | | |
| **The sending institution**  We confirm that this proposed training programme agreement is approved. On satisfactory completion of the training programme the institution will award ……. ECTS credits or will record the training period in the Diploma Supplement. | | | | | | | | | | |
|  | | | | | | | | | | |
| **Coordinator’s signature** | | | | | | | | **Date** | | **\_\_\_/\_\_\_/\_\_\_\_\_** |
|  | | | | | | | | | | |
| **The host organisation**  We confirm that this proposed training programme is approved. On completion of the training programme the organisation will issue a Certificate to the student | | | | | | | | | | |
|  | | | | | | | | | | |
| **Coordinator’s signature** | | | | | | | | **Date** | | **\_\_\_/\_\_\_/\_\_\_\_\_** |