**DESCRIPTION OF TRAINEESHIP PROGRAMME. ERASMUS + FOR TRAINEESHIPS IN EUROPEAN COMPANIES**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Receiving** **Organisation/Enterprise** | | **Name** | | **Department** | **Address; website** | | **Country** | | **Size** | | **Contact person name; position; e-mail; phone** | | | | **Mentor name; position;**  **e-mail; phone** | |
|  | |  |  | |  | | ☐ < 250 employees  ☐ > 250 employees | |  | | | |  | |
|  | ***Table A - Traineeship Programme at the Receiving Organisation/Enterprise*** | | | | | | | | | | | | | | | |
| **Planned period of the mobility: from [month/year] ……………. to [month/year] …………….** | | | | | | | | | | | | | | | | |
| **Traineeship title: …** | | | | | | | | | **Number of working hours per week: …** | | | | | | | |
| **Detailed programme of the traineeship:** | | | | | | | | | | | | | | | | |
| **Knowledge**, **skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes):** | | | | | | | | | | | | | | | | |
| **Monitoring plan:** | | | | | | | | | | | | | | | | |
| **Evaluation plan:** | | | | | | | | | | | | | | | | |
|  |  | |  | | |  | |  | |  |  | |  | | |  |
| The level of **language competence** in \_\_\_\_\_\_\_\_ [*indicate here the main language of work*] that the trainee already has or agrees to acquire by the start of the mobility period is: *A1* ☐ *A2* ☐ *B1* ☐ *B2* ☐ *C1* ☐ *C2* ☐ *Native speaker* ☐ | | | | | | | | | | | | | | | | |
| The Receiving Organisation/Enterprise will provide financial support to the trainee for the traineeship: Yes ☐ No ☐ | | | | | | | | | | | | | | | If yes, amount (EUR/month): ……….. | | |
| The Receiving Organisation/Enterprise will provide a contribution in kind to the trainee for the traineeship: Yes ☐ No ☐  If yes, please specify: …. | | | | | | | | | | | | | | | | | |
| The Receiving Organisation/Enterprise will provide an accident insurance to the trainee (if not provided by the Sending Institution): 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 ☐ | | | | |
| The Receiving Organisation/Enterprise will provide a liability insurance to the trainee (if not provided by the Sending Institution):  Yes ☐ No ☐ | | | | | | | | | | | | | | | | | |
| The Receiving Organisation/Enterprise will provide appropriate support and equipment to the trainee. | | | | | | | | | | | | | | | | | |
| Upon completion of the traineeship, the Organisation/Enterprise undertakes to issue a Traineeship Certificate within 5 weeks after the end of the traineeship. | | | | | | | | | | | | | | | | | |

This information will be included in the Learning Agreement signed by the sending and host institution and the participant. Information included must be accomplished by all parties.

Thank you very much for your cooperation.