|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Trainee** | **Last name(s)** | **First name(s)****Learning Agreement** **Student Mobility for Traineeships** | **Date of birth** | **Nationality**[[1]](#endnote-2) | **Gender [Male/Female/Undefined]** | **Study cycle[Bachelor / Master / Doctorate]** |
|  |  |  |  |  |  |
| **Sending Institution** | **Name** | **Faculty/ Department** | **Address** | **Country** | **Contact person name; e-mail** |
| Prague University of Economics and Business | Faculty of Finance and Accounting | nám. Winstona Churchilla 4130 67 Praha 3 | Czech Republic | Leos Vitek, leos.vitek@vse.cz |
| **Receiving** **Organisation/Enterprise** | **Name** | **Department** | **Address; website** | **Country** | **Contact person[[2]](#endnote-3) name; e-mail** |
|  |  |  |  |  |
| **Before the mobility** |
|  | ***Traineeship Programme at the Receiving Organisation/Enterprise*** |
| **Planned period of the mobility: from [day/month/year] ……………. to [day/month/year] …………….** |
| **Traineeship title: …** | **Number of working hours per week (approx.): …** |
| **Detailed programme of the traineeship:** |
| **Knowledge**, **skills and competences to be acquired by the end of the traineeship:** |
| **Monitoring plan:** |
| **Evaluation plan:** |
|  |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| ***Sending Institution*** The traineeship is **voluntary** and, upon satisfactory completion of the traineeship, the institution undertakes to:

|  |  |
| --- | --- |
| Award ECTS credits (or equivalent): Yes [x]  No [ ]   |  If yes, please indicate the number of credits: 6 |
| Give a grade: Yes [x]  No [ ]   | If yes, please indicate if this will be based on: Traineeship certificate [ ]  Final report [x]  Interview [x]    |

**Accident insurance for the trainee**

|  |  |
| --- | --- |
| The Sending Institution will provide an accident insurance to the trainee (if not provided by the Receiving Organisation/Enterprise): Yes [ ]  No [x]   | The accident insurance covers: - accidents during travels made for work purposes: Yes [ ]  No [x]  - accidents on the way to work and back from work: Yes [ ]  No [x]  |
| The Sending Institution will provide a liability insurance to the trainee: Yes [ ]  No [x]  |

 |
| ***Receiving Organisation/Enterprise***

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| The Receiving Organisation/Enterprise will provide a liability insurance to the trainee: Yes [ ]  No [ ]  |
| The Receiving Organisation/Enterprise will assign to trainees tasks and responsibilities to match their knowledge, skill, competencies and training objectives and ensure that appropriate and equipment and support is available.Yes [ ]  |
| The Receiving Organisation/Enterprise will appoint a mentor to advise trainees and provide practical support if required (including insurance consulting).Yes [ ]  |

 |
| By signing this document, the trainee, the Sending Institution and the Receiving Organisation/Enterprise confirm that they approve the Learning Agreement and that they will comply with all the arrangements agreed by all parties.The trainee undertakes to abide by the rules and regulations of the Receiving Organisation/Enterprise and rules of confidentiality. The trainee agrees to submit a report in the specified format and any required supporting documents at the end of the traineeship.The trainee and Receiving Organisation/Enterprise will communicate to the Sending Institution any problem or changes regarding the traineeship period.On completion of the traineeship, the Receiving Organisation/Enterprise will complete the After the Mobility section of this document. |
| **Commitment** | **Name** | **Email** | **Position** | **Date** | **Signature** |
| Trainee |   |  | *Trainee* |   |  |
| Responsible person at the Sending Institution |  Leos Vitek | leos.vitek@vse.cz  | Vice-dean |   |  |
| Supervisor[[3]](#endnote-4) at the Receiving Organisation |   |   |   |   |  |

**After the Mobility**

|  |
| --- |
| ***Traineeship Certificate by the Receiving Organisation/Enterprise*** |
| **Name of the trainee:** |
| **Name of the Receiving Organisation/Enterprise:** |
| **Sector of the Receiving Organisation/Enterprise:** |
| **Address of the Receiving Organisation/Enterprise** [street, city, country, e-mail address]**, website:** |
| **Start date and end date of traineeship: from [day/month/year] …………………. to [day/month/year] ………………..** |
| **Traineeship title:**  |
| **Detailed programme of the traineeship period including tasks carried out by the trainee:**  |
| **Knowledge, skills (intellectual and practical) and competences acquired:** |
| **Evaluation of the trainee:**  |
| **Date:** |
| **Name and signature of the Supervisor at the Receiving Organisation/Enterprise:** |

1. **Nationality:** Country to which the person belongs administratively and that issues the ID card and/or passport. [↑](#endnote-ref-2)
2. **Contact person at the Receiving Organisation**: a person who can provide administrative information within the framework of traineeships. [↑](#endnote-ref-3)
3. **Supervisor at the Receiving Organisation**: this person is responsible for signing the Learning Agreement, amending it if needed and supervising the trainee during the traineeship. [↑](#endnote-ref-4)