



STUDENT MOBILITY FOR PLACEMENT
TRAINING AGREEMENT and QUALITY COMMITMENT/
PRACOVNÍ PLÁN A ZÁVAZEK KVALITY

MOBILITY PROGRAM

(...INDICATE THE MOBILITY PROGRAM...)

I. DETAILS OF THE STUDENT

Name of the student:	Country: CZECH REPUBLIC
Home university: MASARYK UNIVERSITY	Academic Year:
Home university field of study:	Subject area: Degree:

II. DETAILS OF THE PROPOSED TRAINING PROGRAMME ABROAD

Host organisation:
Address:
Size of the host organisation: <input type="checkbox"/> S = Small (1- 50 staff) <input type="checkbox"/> M = Medium (51-500 staff) <input type="checkbox"/> L = Large (>500 staff)
Type of work placement sector:

Planned dates of start and end of the placement period: from..... (dd.mm.yyyy) to(dd.mm.yyyy) that ismonths.
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<p>Knowledge, skills and competence to be acquired: <i>(use more space if needed):</i></p> <p>Detailed programme of the training period: <i>(use more space if needed):</i></p> <p>Tasks of the trainee<i>(use more space if needed):</i></p> <p>To be able to perform the tasks, the minimum level of language competence expected from the trainee in the main working language(s)¹ that the trainee will use at the host department/ organisation (as define under point III) is:</p> <p>In case the placement takes place in a representation or public institution of the home country of the student (e.g. cultural institutes, schools) please indicate the additional transnational benefits the student will obtain as compared to a similar placement in his or her home country. Placements in a national diplomatic representation (embassy and consulate) of the home country of the student are not authorised <i>(use more space if needed):</i></p> <p>Is this placement fully integrated in the curriculum of the trainee's degree: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Monitoring and evaluation plan: <i>(use more space if needed)</i></p>
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III. COMMITMENT OF THE THREE PARTIES

¹ e.g., basic/intermediary/advanced/fluent in reading/speaking/writing. More precise references may be used, notably CEFR.

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 LLP Erasmus students) for student placements set out in the document below.

The student:

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) (course title, course code and number of ECTS credits from MU catalogue):

.....(e.g. Pracovní pobyt/ Placement abroad).

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 curricula: YES NO

Coordinator's name and function:

Date: (dd.mm.yyyy)

.....

Coordinator's signature:

The host organisation:

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

Name and position of the mentor (if not available, the name shall be communicated to the student upon his/her arrival):

Normal working hours /week (overtime should no be the rule):

Number of permanent staff in the department (team) hosting the student:

Number of other students/trainees hosted at the same time in the department (team) hosting the student:

Is the student covered by the accident insurance of the host organisation (covering at least damages caused to the student at the workplace):

YES (accident insurance nr: insurer:) NO

If yes, please specify if it covers also:

- accidents during travels made for work purposes: YES NO

- accidents on the way to work and back from work: YES NO

Is the student covered by a liability insurance of the host organisation (covering damages caused by the student at the workplace):

YES (liability insurance nr: insurer:) NO

Coordinator's name and function:

Date: (dd.mm.yyyy)

.....

Coordinator's signature: