|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Academic Year: \_\_\_\_\_\_ /\_\_\_\_\_\_\_** | | | | | | | | | | | | | | |
| **Trainee** | | **Last name(s)** | | **First name(s)** | **Date of birth** | | **Nationality** | | **Sex [M/F]** | | **Study cycle** | | **Field of education** | |
|  | |  |  | |  | |  | |  | |  | |
| **Sending Institution** | | **Name** | | **Faculty/ Department** | **Home institution** | | **Address** | | **Country** | | **Contact person name; email; phone** | | | |
| Luca Gallo | | International Relations Office | Università degli Studi dell’Insubria | | Via Ravasi, 2 21100 Varese | | ITALY | | [erasmus@uninsubria.it](mailto:erasmus@uninsubria.it) +390332219341 | | | |
| **Receiving** **institution** | | **Name** | | **Department** | **Address; website** | | **Country** | | **Size** | | **Contact person name; position; e-mail; phone** | | **Mentor name; position;**  **e-mail; phone** | |
|  | |  |  | |  | | < 250 employees  > 250 employees | |  | |  | |
| **Before the mobility** | | | | | | | | | | | | | | |
|  | ***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 \_\_\_\_\_\_\_\_ [*please specify the main language of work*] that the trainee already possess or agrees to acquire  by the start of the mobility period is: *A1*  *A2*  *B1*  *B2*  *C1*  *C2*  *Native speaker* | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Table B - Sending Institution***  *Please use only one of the following boxes:*  ☐ The traineeship is **embedded in the curriculum** and upon satisfactory completion of the traineeship, the institution undertakes to recognize it as follows:  **□ STAGE** per n. crediti  **□ STAGE EXTRA CURRICULARE**  per n. crediti  **□ ALTRA ATTIVITÁ (specificare)**  per n. crediti  Per gli studenti di Medicina e Chirurgia:  **□ TIROCINIO PRE – LAUREA**, comprendente:  **Per n. crediti**  **□ ATTIVITÀ DIDATTICA ELETTIVA A.D.E. (specificare ambito)** per n. crediti  ☐ The traineeship is carried out by a **RECENT GRADUATE and NO CREDITS WILL BE RECOGNIZED.**  **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 | 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 Sending institution will provide a liability insurance to the trainee (if not provided by the Receiving Organisation/Enterprise): Yes  No | |   The **Sending Institution** also specifies:  **STUDENTS**   * **Accident policy no.** 408966321 stipulated with AXA Assicurazioni S.p.A (expiration date 31/10/2027) * **Liability insurance no.** 420270430, stipulated with Generali Italia S.p.A. (expiration date 31/12/2027)   **GRADUATE STUDENTS** no longer enrolled in a degree course at our institution, if/when requested by the host institution, will stipulate an insurance policy on their own. | | | | | |
| ***Table C - Receiving Organisation/Enterprise***   |  |  |  | | --- | --- | --- | | 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. | | | | | | | | |
| By signing this document, the trainee, the Sending and Receiving Organisation/Enterprise confirm that they approve the present Agreement and that they will comply with all the arrangements agreed by all parties. The trainee and Receiving Organisation/Enterprise will communicate to the Sending institution any problem or changes regarding the traineeship period. | | | | | |
| **Commitment** | **Name** | **Email** | **Position** | **Date** | **Signature** |
| Trainee |  |  | *Trainee* |  |  |
| Responsible person at the Sending Institution |  |  |  |  |  |
| Supervisor at the Receiving Organisation |  |  |  |  |  |