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