

**TRAINING AGREEMENT between company and trainee in the framework of
the PROMOS programme (Student Mobility)**

I. ENTERPRISE

Name of enterprise:	
Supervisor's Last name:	
Supervisor's First name:	
Street:	
City:	
Country:	
Phone:	
E-Mail:	
Team language (s):	

We hereby confirm that we are willing and prepared to employ the below-mentioned trainee in full-time in our company. We intend to give her/him tasks and responsibilities in accordance to her/his qualifications and theoretical knowledge acquired during the studies.

II. TRAINEE

First name:	
Last name:	
Street:	
c/o, apt.no.:	
Postal code:	
City:	
Country:	
Phone:	
E-Mail:	

III. TRAINEESHIP

Start date:		End date:	
Duration in weeks (at least 6 weeks):		Student's study programme/course:	
Scope/field of work:		Required skills:	
Required language skills:		Desirable language skills:	



RENUMERATION

no remuneration at all	<input type="checkbox"/>	
a traineeship remuneration of	<input type="checkbox"/>	Euro/month:
other money relevant donations (e.g. accommodation, transportation, meals, etc.):	<input type="checkbox"/>	Benefits value in Euro:
I confirm that the trainee is not financed by EU money and does not work within an EU project.	Date:	Signature of responsible person:

CONTENTS/TASKS:

Knowledge, skills and competence to be acquired:

Detailed programme of the training period:

Tasks of the trainee:

Monitoring and evaluation plan:

IV. ENTERPRISE PROFILE

Name of enterprise:		Legal status:	
Main field(s) of activity:		Number of employees:	
Type of organization:	<input type="checkbox"/> Small and medium sized enterprise (SME) <input type="checkbox"/> Large enterprise <input type="checkbox"/> Multinational enterprise <input type="checkbox"/> Other Institution, please specify:	Main activity of company:	<input type="checkbox"/> Production <input type="checkbox"/> Construction <input type="checkbox"/> Commercial /Services /Distribution <input type="checkbox"/> Agri-food <input type="checkbox"/> Banking / Insurance <input type="checkbox"/> Research <input type="checkbox"/> Other sector:

V. COMMITMENT OF THE THREE PARTIES

The hosting organization

Date:

Coordinator's signature

Company stamp

The student

Date:

Student's signature

The sending organization

Date:

Coordinator's signature

University stamp