



CHARLES UNIVERSITY

LEARNING AGREEMENT FOR TRAINEESHIP

The Trainee

Application nr.: 3230261

Last names(s):

XXX

First name(s):

XXX

Date of birth: XX/XX/XXXX

Nationality: XXX

Sex: X Academic year: XXX

Study cycle: XX Subject area: XXX

ISCED Code: XXX



Fill in your personal information

Phone: +XXX XXX XXX XXX

E-mail: XXX

The Sending Institution

Charles University

CZ PRAHA07

Faculty of Social Sciences

Country code: CZ

Smetanovo nám. 6, 11001 Praha 1

XXX - YOUR INSTITUTE

Radek Kovács

outgoing@fsv.cuni.cz

Phone:

222 112 235

The Receiving Institution

NAME OF THE INSTITUTION

Size of enterprise: xxx

Country code: XX

Sector: xxx

Contact person: xxx

Fill in the information of receiving institution

Phone:

Mentor: XXX

Phone:

+XXX XXX XXX XXX

Details of the proposed MOBILITY PROGRAMME

Planned dates of the start and end of the mobility period

from XX/XX/XXXX

till XX/XX/XXXX

Number of working hours per week: XX

Knowledge, skills (intellectual and practical) and competences to be acquired:

**Fill in the information about your mobility period
and working hours**

Traineeship title – type of work placement mobility:

Intern

Detailed programme of the traineeship period:

**The more detailed you are about your practical placement, the better!
(try to describe the internship in detail, what activities you will perform,
what should be the outcome of the whole internship, what competences
you will acquire during the internship (e.g. also language competences
related to your field of study)**

Monitoring plan (how/when the trainee will be monitored during his / her traineeship)

Evaluation plan criteria: (academic skills/expertise, analytical skills, initiative, adaptability, communication skills, teamwork skills, decision-making skills, ICT skills innovative and creative skills, strategic-organisational skills, foreign language skills)

**Fill in the Monitoring Plan and Evaluation Plan Criteria
(your hosting institution should help you with that)**

Language competence of the trainee

The level of language competence (workplace language) in English that the trainee already agrees to acquire by the start of the mobility period is: B2

Native speaker (YES NO)

COMMITMENT OF THE THREE PARTIES

By signing this document, the trainee, the sending institution and the receiving organisation/enterprise confirm that they approve the proposed Learning Agreement for Traineeships 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 mobility period.

The trainee

Your signature, date

Signature

Date:

Boxes are usually ticked in the following way:

Charles University

The institution undertakes to respect all principles of the Erasmus Charter for Higher Education relating to traineeships. We confirm that this proposed **traineeship programme is approved** and fully integrated in the curriculum of the trainee's degree.

On satisfactory completion of the Training programme Charles University will record the training period in the Diploma Supplement (YES NO).

Give a grade based on:

Student's transcript

Traineeship certificate

Final report

Interview

Award ECTS credits (YES NO)

In addition, the mobility period will be documented in the Europass mobility document
(YES NO)

Please specify if the trainee is covered by an accident insurance provided by the sending institution:
(YES NO)

the sending institution will provide a liability insurance to the trainee
(YES NO)

Responsible person in the sending institution:

Name:

Date:

Phone number:

Signature

Information about the Erasmus Outgoing Coordinator

Function:

E-mail:

Name and signature of Vice-Dean for International Relations:

PhDr. Zuzana Kasáková, Ph.D.

Signature by Vice-Dean with a stamp

XXX (Name of institution)

The student will receive a financial support for his/her traineeship:

YES (amount EUR/month) NO

The student will receive a contribution in kind for his/her placement:

YES (specify) NO

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

YES 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 Receiving institution (covering damages caused by the student at the workplace):

YES NO

We confirm that this proposed training programme is approved. On completion of the training programme the organisation will issue a Traineeship Certificate to the student within 5 weeks after the end of the traineeship.

The receiving organisation/enterprise undertakes to ensure that appropriate equipment and support is available to the trainee.

Responsible person in the receiving organisation/enterprise (supervisor):

Name:

Date:

Phone number:

Signature

Function:

E-mail:

**Responsible person information in the receiving institution + THEIR
SIGNATURE + STAMP**