

# Training Agreement – Πως συμπληρώνεται

GFNA-II-C-Annex IV-I-Erasmus+ HE-2015



Higher Education  
Learning Agreement for  
Traineeships

Academic Year 2016/2017

Trainee	Last name(s)	First name(s)	Date of birth	Nationality <sup>1</sup>	Sex [M/F]	Study cycle <sup>2</sup>	Field of education <sup>3</sup>
Sending Institution	Name	Faculty/ Department	Erasmus code <sup>4</sup> (if applicable)	Address	Country	Contact person name <sup>5</sup> ; email; phone	
	Cyprus University of Technology	Research and International Collaboration Erasmus office	CY LIMASSO02	P.O.BOX 50329 3603 LIMASSOL - CYPRUS	Cyprus	<b>Dr. Charalambos Chrisostomou</b> Erasmus Institutional Coordinator c.chrisostomou@cut.ac.cy + 357 25 00 25 38  Contact Person Stavroula Antoniou Erasmus Officer Erasmus@cut.ac.cy + 357 25 00 23 90	
Receiving Organisation/Enterprise	Name	Department	Address; website	Country	Size	Contact person <sup>6</sup> name; position; e-mail; phone	Mentor <sup>7</sup> name; position; e-mail; phone
						<input type="checkbox"/> < 250 employees <input type="checkbox"/> > 250 employees	

- Study cycle:  
1st (for bachelor)  
2nd (for master)  
3rd (for doctorate)

- Field of education:

- 1) Nursing/Midwifery : 0913:
- 2) Com. and Internet studies : 0329
- 3) Engineering and engineering trades, not further defined: 0710
- 4) Mech. Eng. : 0710
- 5) Civil eng. : 0732
- 6) Agriculture : 0810
- 7) Environmental Studies : 0520
- 8) Multimedia and graphic : 0210
- 9) Business management : 0410
- 10) Tourism management : 1015
- 11) Fine Arts: 0213

# Training Agreement

Before the mobility

<p><i>Table A - Traineeship Programme at the Receiving Organisation/Enterprise</i></p> <p>Planned period of the mobility: from [day/month/year] to [day/month/year]</p>		•
Traineeship title: BMI	Number of working hours per week: 35-40	
Detailed programme of the traineeship:		•
Knowledge, skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes): (relevant to the content of the placement)		•
Monitoring plan: (e.g. daily/weekly/ reporting)		•
<p>Evaluation plan:</p> <p>The trainee will need to have a complete, signed and stamped TRAINEESHIP CERTIFICATE at the end of the Placement period on behalf of the Host Institution.</p> <p>The Trainee will need to complete an activities logbook for each month of the placement signed at the end of each month by the responsible person at the Host Company/Organization and forwarded to <a href="mailto:outgoing@cut.ac.cy">outgoing@cut.ac.cy</a></p>		
<p>The level of language competence<sup>8</sup> in _____ [indicate here the main language of work] that the trainee already has or agrees to acquire by the start of the mobility period is: A1 <input type="checkbox"/> A2 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/></p> <p>Native speaker <input type="checkbox"/></p>		

Ακριβείς ημερομηνίες τοποθέτησης σας στον οργανισμό (ημέρα/μήνα). Η ημέρα έναρξης και λήξης δεν θα πρέπει να είναι σαββατοκυριακό ή αργία.

Λεπτομερές πρόγραμμα τοποθέτησης

Γνώσεις και δεξιότητες που θα αποκτήσετε από τη συγκεκριμένη τοποθέτηση

Τρόπος διαχείρισης (π.χ. εβδομαδιαία αναφορά στο μέντορα)

Διευκρινίστε ποια ξένη γλώσσα θα χρησιμοποιείται στον οργανισμό φιλοξενίας και το γνωστικό σας επίπεδο π.χ. EN, DE,FR,IT,SP,DN

# Training Agreement

Table C - Receiving Organisation/Enterprise	
The Receiving Organisation/Enterprise will provide financial support to the trainee for the traineeship: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, amount (EUR/month): .....
The Receiving Organisation/Enterprise will provide a contribution in kind to the trainee for the traineeship: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify: ....	
The Receiving Organisation/Enterprise will provide an accident insurance to the trainee (if not provided by the Sending Institution): Yes <input type="checkbox"/> No <input type="checkbox"/>	The accident insurance covers: - accidents during travels made for work purposes: Yes <input type="checkbox"/> No <input type="checkbox"/> - accidents on the way to work and back from work: Yes <input type="checkbox"/> No <input type="checkbox"/>
The Receiving Organisation/Enterprise will provide a liability insurance to the trainee (if not provided by the Sending Institution): Yes <input type="checkbox"/> No <input type="checkbox"/>	
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 <u>within</u> 5 weeks after the end of the traineeship.	

Εάν ο οργανισμός θα σας δίνει κάποια αμοιβή παρακαλώ όπως διευκρινιστεί.

Εάν οργανισμός θα παρέχει ασφάλεια έναντι τρίτου στον δικαιούχο, παρακαλώ όπως διευκρινιστεί. **Η ασφάλεια είναι υποχρεωτική για όλους τους δικαιούχους που θα τους καλύπτει για όλη την περίοδο τοποθέτησης.**

By signing this document, the trainee, the Sending Institution and the Receiving Organisation/Enterprise confirm that they approve the Learning 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. The Sending Institution and the trainee should also commit to what is set out in the Erasmus+ grant agreement. The institution undertakes to respect all the principles of the Erasmus Charter for Higher Education relating to traineeships (or the principles agreed in the partnership agreement for institutions located in Partner Countries).

Commitment	Name	Email	Position	Date	Signature and stamp
Trainee			Trainee		
Responsible person at the Sending Institution	Dr. Charalambos Christostomou	erasmus@cut.ac.cy	Erasmus Institutional Coordinator		
Supervisor at the Receiving Organisation					

Υπογραφή δικαιούχου

Υπογραφή υπεύθυνου ατόμου από τον Οργανισμό υποδοχής

# Training Agreement for Traineeships

Το έντυπο θα πρέπει να συμπληρώνεται και να υπογράφεται εκ μέρους των ενδιαφερόμενων φοιτητών , και εκ μέρους του οργανισμού φιλοξενίας και κατόπιν να αποστέλλεται ηλεκτρονικά στο **outgoing@cut.ac.cy**

Σε περίπτωση καθυστέρησης εκ μέρους του οργανισμού υποδοχής του συμπληρωμένου εντύπου Training Agreement, Θα αναμένεται κοινοποίηση της γραπτής επικοινωνίας που να αναφέρεται στην αποδοχή του φοιτητή/τριας από τον οργανισμό Υποδοχής, επίσης μέχρι τις 15 Φεβρουαρίου.