



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



Vyplňte osobní údaje

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

Vyplňte údaje hostující instituce

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:

Vyplňte údaje o době pobytu a počet pracovních hodin za týden

Traineeship title – type of work placement mobility:

Intern

Detailed programme of the traineeship period:

Čím více podrobnější jste při popisu náplně stáže, tím lépe!

(pokuste se popsat stáž do detailu, jaké činnosti konkrétně budete vykonávat, co by mělo být výsledkem celé stáže, jaké během stáže získáte kompetence (například i jazykové odborné kompetence související se studijním oborem))

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)

**Vyplňte Monitoring Plan a Evaluation Plan Criteria
(Vaše hostující instituce by Vám s tímto měla pomoci)**

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

Váš podpis, datum

Signature

Date:

Následující čtverečky jsou obvykle zaškrtnuté takto:

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

Informace o Erasmus koordinátorovi

Function:

E-mail:

Name and signature of Vice-Dean for International Relations:

PhDr. Zuzana Kasáková, Ph.D.

Podpis paní proděkanky s razítkem

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:

Informace o odpovědné osobě v hostující instituci + JEJICH PODPIS A RAZÍTKO