|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Trainee** | **Last name(s)** | **First name(s)** | **Date of birth** | **Nationality** | **Sex [M/F]** |  |  |
|  |  |  |  |  |  |  |
| **Sending Institution** | **Name** | **Faculty/ Department** | **Erasmus code** (if applicable) | **Address** | **Country** | **Contact person name; email; phone** |
| **EGE UNIVERSITY** | Çeşme Tourism Faculty/Tourism Management | **TR IZMIR02** |  | **TURKEY TR** |  |
| **Receiving Organisation/Enterprise** | **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: Trainee** | **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 \_\_\_\_\_\_\_\_ [*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* ☐ *A2* ☐ *B1*☐*B2*☐ *C1* ☐ *C2* ☐ *Native speaker* ☐ |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Table B - Sending Institution****Please use only one of the following three boxes:*1. The traineeship is **embedded in the curriculum** and upon satisfactory completion of the traineeship, the institution undertakes to:

|  |  |
| --- | --- |
| Award ……**30**. .…ECTS credits  | Give a grade based on: Traineeship certificate ☐Final report ☐Interview ☐   |
| Record the traineeship in the trainee's Transcript of Records and Diploma Supplement . |
| Record the traineeship in the trainee's Europass Mobility Document: Yes ☐ No ☐ |
| Record the traineeship in the trainee's Transcript of Records: Yes ☐No☐ |

**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 ☐ 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 Sending Institution will provide a liability insurance to the trainee (if not provided by the Receiving Organisation/Enterprise): Yes ☐ No ☐  |

 |
| ***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 2 weeks after the end of the traineeship. |

 |
| By signing this document, the trainee, the Sending Institution and the Receiving Organisation/Enterprise confirm that they approve the 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 and Stamp** |
| Trainee |   |  | *Trainee* |   |  |
| Responsible personat the Sending Institution  |   |   | Departmental Coordinator |   |  |
| Supervisor at the Receiving Organisation |   |   |   |   |  |

**After the Mobility**

|  |
| --- |
| ***Table D - Traineeship Certificate by the Receiving Organisation/Enterprise*** |
| **Name of the trainee:** |
| **Name of the Receiving Organisation/Enterprise:** |
| **Department:** |
| **Address of the Receiving Organisation/Enterprise**[street, city, country, phone, e-mail address]**, website:** |
| **Start date and end date of traineeship: from [day/month/year] …………………. to [day/month/year] ………………..** |
| **Traineeship title:**  |
| **Detailed programme of the traineeship period including tasks carried out by the trainee:**  |
| **Knowledge, skills (intellectual and practical) and competences acquired (achieved Learning Outcomes):** |
| **Evaluation of the trainee (Please give a grade on a 100 points scale) :**  |
| **Date:** |
| **Name, signature and stamp of the Supervisor at the Receiving Organisation/Enterprise:** |