

COMPLETION PLACEMENT PLAN FOR WORK

The Student

Last name (s)	First name (s)
<i>EXAMPLE</i>	<i>ANN</i>
Date of birth	Nationality
<i>30/11/1995</i>	<i>BRITISH</i>
Gender (male/female/undefined)	Academic year
<i>Female</i>	<i>2020 /2021</i>
Study cycle	Subject area, Code
<i>UG</i>	<i>Architecture and town planning, 0731</i>
Phone	E-mail
<i>+44 (0) 24 7652 3705</i>	<i>ANN.EXAMPLE@WARWICK.AC.UK</i>

The Sending Institution

Name	Faculty
University of Warwick	<i>Social Sciences</i>
Erasmus code (if applicable)	Department
UK COVENTR01	<i>Architecture</i>
Address	Country, Country code
International Student Office, University House Kirby Corner Road Coventry, CV4 8UW	United Kingdom, GB
Contact person name	Contact Person
Amanda OSBORNE Study Abroad Manager	E-mail : a.osborne@warwick.ac.uk Phone : 44(0)24 7652 3705

The Receiving Institution

Name	Department
<i>IBM</i>	<i>Marketing</i>
Website	Size
<i>www.examplewebsite.com</i>	<i>less than 250 employees</i>
Address	Country, Country code
<i>1254 Berlin Road Berlin GERMANY</i>	<i>Germany, DE</i>
Contact person name	Contact Person's email/phone
<i>MR ERURT OMYEWZFP86RT74</i>	E-mail : <i>HLJkaytr@kla sdrqueprbex.de</i> Phone : <i>+33 794019853603160</i>

Section to be completed ON COMPLETION OF THE MOBILITY

I. MOBILITY PROGRAMME

Period of working from home while living in _____ *Germany* _____ [insert country here]

from [day] *10* [month] *September* _____ [year] *2020* _____

till [day] *10* [month] *October* _____ [year] *2020* _____

Period of the mobility when physically working at your host organisation's premises:

from [day] *11* [month] *October* _____ [year] *2020* _____

till [day] *15* [month] *May* _____ [year] *2021* _____

REMEMBER :

- Erasmus+ eligibility = placements **MUST** be 2 full months in duration
- University of Warwick = funding will never exceed 10 months maximum for a full year (in total)

Grant Payment – please select one option

I confirm that I have updated my bank details and would like to receive my payment in Sterling

I confirm that I have submitted a Euro bank form to receive my payment in Euro

Table D - Traineeship Certificate by the Receiving Organisation/Enterprise

<i>Number of working hours per week:</i>	<i>35</i>
<i>Traineeship title:</i>	<i>Marketing Assistant</i>

Detailed programme of the traineeship period including tasks carried out by the trainee:

Copy this information from the job description provided

(or language assistants could use the example wording on our website)

Knowledge, skills (intellectual and practical) and competences acquired (achieved Learning Outcomes):

Copy this information from the job description provided

(or language assistants could use the example wording on our website)

Evaluation of the trainee:

Your host institution will need to provide this for you – contact your mentor/supervisor

(or language assistants could use the example wording on our website)

The receiving organisation

Full name in CAPITAL letters: <i>Mrs Suit</i>	Position: <i>Boss</i>	Email:
Responsible person's signature <i>AJASby</i>		Date and Stamp*: <i>13/05/21</i>

**Please stamp the form, if possible.*