**ERASMUS MID-TERM PLACEMENT PLAN FOR WORK**

1. **The Student**

|  |  |
| --- | --- |
| **Last name (s)** | **First name (s)** |
|  |  |
| **Date of birth** | **Nationality** |
|  |  |
| **Gender (male/female/undefined)** | **Academic year** |
|  | 20… /20… |
| **Study cycle** | **Subject area, Code** |
|  |  |
| **Phone** | **E-mail** |
|  |  |

1. **The Sending Institution**

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

1. **The Receiving Institution**

|  |  |
| --- | --- |
| **Name** | **Department** |
|  |  |
| **Website** | **Size** |
|  | < 250 employees  > 250 employees |
| **Address** | **Country, Country code** |
|  |  |
| **Contact person name** | **Contact Person’s phone/email** |
|  |  |

**Section to be completed DURING MOBILITY**

**Planned period of the mobility:**

Period of working from home while living in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[insert country here]

from [day] [month] [year]

till [day] [month] [year]

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

from [day] [month] [year]

till [day] [month] [year]

*REMEMBER - Your placement must be* ***at least 2 months*** *in duration to retain Erasmus+ eligibility*

1. **Progress of your placement – select one of the following:**
2. **NO EXCEPTIONAL CHANGES TO THE PROPOSED MOBILITY PROGRAMME**

*[If you have selected option 5a. - please go to section 8 and sign this document]*

1. **EXCEPTIONAL CHANGES TO THE PROPOSED MOBILITY PROGRAMME**

*[If you have selected option 5b. – please fill in section 6 & 8]*

**Table A2 – Exceptional Changes to the Traineeship Programme at the Receiving Organisation/ Enterprise** (to be approved by e-mail or signature by the student, the responsible person in the Sending Institution and the responsible person in the Receiving Organisation/Enterprise)

|  |  |
| --- | --- |
| ***Number of working hours per week:*** |  |
| ***Traineeship title:*** |  |

|  |  |
| --- | --- |
| ***Detailed programme of the Traineeship period…*** | |
|  | |

|  |  |
| --- | --- |
| ***Knowledge, skills and competences to be acquired by the trainee at the end of the traineeship…*** | |
|  | |

|  |  |
| --- | --- |
| ***Monitoring plan …*** | |
|  | |

|  |  |
| --- | --- |
| ***Evaluation plan …*** | |
|  | |

1. **COMMITMENT OF THE THREE PARTIES**

By signing this document, the trainee, the University of Warwick 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 University of Warwick any problem or changes regarding the traineeship period.

The University of Warwick 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.

1. **Signature**

|  |  |  |
| --- | --- | --- |
| **The student** | | |
| Name: | Position:  Trainee | Email: |
| Student’s signature | | Date: |

|  |  |  |
| --- | --- | --- |
| **The sending institution** | | |
| Name: | Position: | Email: |
| Academic co-ordinator signature | | Date: |

|  |  |  |
| --- | --- | --- |
| **The receiving organisation** | | |
| Name: | Position: | Email: |
| Responsible person’s signature | | Date: |