

## MID-TERM PLACEMENT PLAN FOR WORK

### 1. 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>2019 /2020</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>

### 2. The Sending Institution

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

### 3. 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 phone/email
<i>MICHAEL ERWERT 094EW27P86RT74</i>	<i>E-mail : H.L.Kaytr@kla.sdryweprbex.de Phone : +33 794019853603160</i>

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**Section to be completed DURING MOBILITY**

4. Planned period of the mobility:      from    [day] 10 [month] September [year] 2019  
Till      [day] 30 [month] June [year] 2020

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

**5. Progress of your placement – select one of the following:**

- a. **NO EXCEPTIONAL CHANGES TO THE PROPOSED MOBILITY PROGRAMME**    
*[If you have selected option 5a. - please go to section 8 and sign this document]*
- b. **EXCEPTIONAL CHANGES TO THE PROPOSED MOBILITY PROGRAMME**    
*[If you have selected option 5b. – please fill in section 6 & 8]*

**6. 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)

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

**Detailed programme of the Traineeship period...**

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

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**Monitoring plan ...**

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**Evaluation plan ...**

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**7. 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.

**8. Signature**

The student		
Name:	Position: Trainee	Email:
Student's signature 		Date: 10/02/20

**The sending institution**

Name: *Prof. Brainy*

Position: *Professor*

Email:

Academic co-ordinator signature

Date: *20/02/20*

*JAAsby*

**The receiving organisation**

Name: *Mr Tickle*

Position: *Boss*

Email:

Responsible person's signature

Date: *22/02/20*

*JAAsby*