**Traineeship Agreement**

**“Ex-ante”- confirmation by a company to receive a trainee**

We hereby confirm that we are willing and prepared to employ

**Trainee**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |

 |  |
|  |  |  |

as a trainee in our company. We intend to give her/him tasks and responsibilities in accordance to her/his qualifications and theoretical knowledge acquired during the studies.

|  |
| --- |
| **Traineeship time frame** |
|  |  |  |
| Date of start of traineeship:  | End of traineeship: |
| Duration of traineeship: |  |

**The Receiving Organisation/Enterprise**

|  |  |  |  |
| --- | --- | --- | --- |
| Name:  |  | Department: |  |
| Address: |  | Country: |  |
| Website:Sector of activity: |  | Size of enterprise: | 1 to 20 21 to 50 51 to 250 251 to 500 501 to 2.000 2.001 to 5.000 more than 5.000 |
| Contact person name / position: |  | Contact persone-mail / phone : |  |
| Mentor name / position: |  | Mentor e-mail / phone: |  |

**Proposed mobility programme**

|  |  |
| --- | --- |
| Number of working hours per week:  |  |
| Traineeship title:  |  |
| Detailed programme of the traineeship period:* Please fill minimum of 10 rows

Tasks of the trainee:* Please fill minimum of 5 rows

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

**Remuneration (Please tick or enter figures)**

The above mentioned trainee will **monthly** receive:

|  |  |
| --- | --- |
|  | no financial support |
|  | a financial support of EUR: |
|  | we will arrange accommodation for him/her during the traineeship |
|  | we will pay for accommodation for him/her during the traineeship |
|  | we will pay for him/her the health insurance during the traineeship |
|  | we will pay for him/her the damages liability insurance during the traineeship |

**Responsible person**

I confirm that the financial support paid to the trainee by our company is not financed by EU money and the trainee does not work within another EU project.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Function: |  |
| Phone number:  |  | E-mail:  |  |

Signature of person responsible: Company stamp:

Date: