

Learning agreement

The Intern			
Last name(s)		First name(s)	
Date of birth		Nationality	
Sex [M/F]		Academic year	
Current study (subject + cycle)			
Phone		E-mail	
Passport number		Student number (home university)	

The Sending Institution – Ghent University			
Department		Faculty	
Contactperson		Address	
Function:	Email:	Phone:	

The Receiving Company / The Host Company			
Name		<u>Sector</u>	
Department		Address	

Website		Country + Region	
Size of enterprise (=number of staff)		Contact person (name + function)	
Contact person email		Contact person phone	


INTERNSHIP PROGRAMME at the Receiving Organisation / Host Company

Planned period of the mobility:	from	till
Number of working hours per week:		
Detailed programme of the internship period...(work schedule and tasks of the intern)		
Knowledge, skills and competences to be acquired by the intern at the end of the internship		
Monitoring plan (how will the intern be monitored and by whom + function in the organization ?)		

Evaluation plan (how will the intern be evaluated by the host company ?)


The Sending Institution

A) The internship is **embedded in the curriculum** and upon satisfactory completion of the internship, the institution undertakes to (tick where applicable):

	award the following number of Credit Points			
	give a grade based on 	internship certificate <input type="checkbox"/>	final report <input type="checkbox"/>	interview <input type="checkbox"/>
	record the internship in the intern's Transcript of Records			

Or

B) The internship is **voluntary** and upon satisfactory completion of the internship, the institution undertakes to (tick where applicable):

	award credit points: No <input type="checkbox"/>	Yes <input type="checkbox"/> number of CP:		
	give a grade Yes <input type="checkbox"/> based on  No <input type="checkbox"/>	internship certificate <input type="checkbox"/>	final report <input type="checkbox"/>	interview <input type="checkbox"/>
	Record the internship in the Transcript of Records: No <input type="checkbox"/> Yes <input type="checkbox"/>			

	Record the internship in the intern's Diploma Supplement (or equivalent) No <input type="checkbox"/> Yes <input type="checkbox"/>
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The Receiving Organisation / Host Company

The receiving organization / enterprise undertakes to ensure that appropriate equipment and support is available to the intern to carry out the tasks described in the training agreement.

Is the intern covered by an accident insurance? By receiving organisation By sending institution

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

Is the intern covered by a liability insurance? Yes No

Upon (successful) completion of the internship, the host organization undertakes to issue an Internship Certificate (not later than 6 weeks after the internship)

Responsible person in the Sending Institution (academic / institutional supervisor)

Name	
Function	
Phone number	
E-mail	

Responsible person in the Receiving Organisation / Host Company (company supervisor)

Name	
Function	
Phone number	
E-mail	

English language competence of the intern

The intern's language proficiency has been tested by the host company (via skype or other) and is considered sufficient to fulfill the intern's tasks

Yes, date: .../.../.....

COMMITMENT OF THE THREE PARTIES

By signing this document, the Intern, the sending institution and the Receiving Organization / Host Company confirm that they approve the proposed Training Agreement and that they will comply with all the arrangements agreed by all parties.

The Intern and Receiving Organization / Host Company will communicate to the Sending Institution any problem or changes regarding the internship period.

Signatures	
The Intern Intern's signature Date:	
The Sending Institution Responsible person's signature + stamp Date:	

<p>The Receiving Organization / Host Company Responsible person's signature + stamp</p>	
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