

## Návod na vyplnění dokumentu Learning agreement for Traineeships a případných změn

**Celý dokument se zpracovává v angličtině, na počítači.**

### HLAVIČKA

Student	Last name(s)		Date of birth		UČO		Study cycle <sup>2</sup>	
	First name(s)		Nationality <sup>1</sup>		Field of education <sup>3</sup>		Sex [M/F]	
Sending Institution	Name		Erasmus code <sup>4</sup> (if applicable)		Address			
	Faculty / Department		Country		Contact person name <sup>5</sup> ; email; phone			
Receiving Institution / Enterprise	Name		Department		Contact person name <sup>6</sup> ; email; phone			
	Address; website		Country		Mentor <sup>7</sup> name; position; e-mail; phone			
		Size		<input type="checkbox"/> < 250 employees <input type="checkbox"/> > 250 employees				

- tuto sekci vyplní **stážista**, a to všechny sekce a kolonky
- vysvětlivka č. 1 Nationality: státní příslušnost
- vysvětlivka č. 2 Study Cycle: slovně nebo kód dle Annex
- vysvětlivka č. 3 Subject area, Code: kromě uvedeného odkazu lze kódy najít na webu CZS, excelová tabulka Kódy studijních oborů: <http://czs.muni.cz/cs/outgoing-mobility/outgoing-student/outgoing-student-praxe/outgoing-student-erasmus-plus-praxe>

### BEFORE MOBILITY

- tato sekce musí být vyplněna **před uskutečněním mobility**

#### Traineeship Programme at the Receiving Organization/Enterprise

- vyplňuje **Receiving Organisation** a to co nejpodrobněji
- stáž nutno sjednat **na plný pracovní úvazek běžný v zemi výkonu stáže**

<p><i>Traineeship Programme at the Receiving Organisation/Enterprise</i> (to be filled in by the contact person at the receiving organization) Information included in this section is pivotal for the application. Please fill this section accordingly.</p> <p>Planned period of the mobility: from [month/year] ..... to [month/year] .....</p>	
Traineeship title: ...	Number of working hours per week: ...
Detailed programme of the traineeship (min. 200 words including time table):	

Knowledge, skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes):

Monitoring plan:

Evaluation plan:

### Receiving Organization/Enterprise

- vyplňuje **Receiving Organisation**

- v posledním řádku uvede **přesné datum**, do kterého vystaví **Traineeship Certificate**, maximální doba je **1 týden od ukončení stáže**

<i>Receiving Organisation/Enterprise</i>	
(to be filled in by the contact person at the receiving organization)	
The Receiving Organisation/Enterprise will provide financial support to the trainee for the traineeship: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, amount (EUR/month): .....
The Receiving Organisation/Enterprise will provide a contribution in kind to the trainee for the traineeship: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify: ....	
The Receiving Organisation/Enterprise will provide an accident insurance to the trainee (if not provided by the Sending Institution): Yes <input type="checkbox"/> No <input type="checkbox"/>	The accident insurance covers: - accidents during travels made for work purposes: Yes <input type="checkbox"/> No <input type="checkbox"/> - accidents on the way to work and back from work: Yes <input type="checkbox"/> No <input type="checkbox"/>
The Receiving Organisation/Enterprise will provide a liability insurance to the trainee (if not provided by the Sending Institution): Yes <input type="checkbox"/> No <input type="checkbox"/>	
The Receiving Organisation/Enterprise will provide appropriate support and equipment to the trainee.	
Upon completion of the traineeship, the Organisation/Enterprise undertakes to issue a Traineeship Certificate by dd/mm/yyyy . <b>[no longer than one week after the end of the traineeship]</b>	

The level of language competence<sup>8</sup> in \_\_\_\_\_ [indicate here the main language of work] that the trainee already has or agrees to acquire by the start of the mobility period is: A1  A2  B1  B2  C1  C2  Native speaker

- **Receiving Organisation**, uvede **jazyk stáže** (main language of work) a požadovanou úroveň jazyka pro stáž

### Sending Institution

- vyplňuje **garant praxe MU**

- nutno uvést **přesný počet kreditů, kód předmětu a název předmětu dle katalogu MU**

- v případě studentské stáže, která je **povinnou** součástí kurikula, garant vyplní **bod 1**

- v případě studentské stáže, která je **nepovinnou** součástí kurikula, garant vyplní **bod 2**

- v případě absolventské stáže, garant vyplní **bod 3**

<i>Sending Institution</i>	
To be filled in by the responsible person at the sending institution / placement guarantor	
Please use only one of the following three boxes: <sup>9</sup>	
1. The traineeship is <b>embedded</b> in the curriculum and upon satisfactory completion of the traineeship, the institution undertakes to:	
Award ..... ECTS credits (or equivalent) <sup>10</sup>	Give a grade based on: Traineeship certificate [compulsory] <input type="checkbox"/> Final report <input type="checkbox"/> Interview <input type="checkbox"/>
Recognize the traineeship as following MU course(s) (course code, course title): .....	
Record the traineeship in the trainee's Transcript of Records and Diploma Supplement (or equivalent).	
Record the traineeship in the trainee's Europass Mobility Document: Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. The traineeship is <b>voluntary</b> and, upon satisfactory completion of the traineeship, the institution undertakes to:	
Award ECTS credits (or equivalent): Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please indicate the number of credits: ....

Give a grade: Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please indicate if this will be based on: Traineeship certificate [compulsory] <input type="checkbox"/> Final report <input type="checkbox"/> Interview <input type="checkbox"/>
Recognize the traineeship as following MU course(s) (course code, course title): .....	
Record the traineeship in the trainee's Transcript of Records: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Record the traineeship in the trainee's Diploma Supplement (or equivalent).	
Record the traineeship in the trainee's Europass Mobility Document: Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. The traineeship is carried out by a <b>recent graduate</b> and, upon satisfactory completion of the traineeship, the institution undertakes to:	
Award ECTS credits (or equivalent): Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If yes, please indicate the number of credits: ....
Record the traineeship in the trainee's Europass Mobility Document ( <i>highly recommended</i> ): Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Accident insurance for the trainee</b>	
The Sending Institution will provide an accident insurance to the trainee (if not provided by the Receiving Organisation/Enterprise): Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	The accident insurance covers: - accidents during travels made for work purposes: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> - accidents on the way to work and back from work: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
The Sending Institution will provide a liability insurance to the trainee (if not provided by the Receiving Organisation/Enterprise): Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

- MU stážistům nezajišťuje jakékoliv pojištění (zdravotní, úrazové, či odpovědnosti).  
V případě, že stážista není pojištěn přijímací organizací, musí si vyřídit pojištění na své vlastní náklady.

Seznam pověřených osob (tj. **garant praxe MU** = děkanem fakulty pověřená osoba, která je na dané katedře/ústavu kompetentní ve věci schválení pracovního plánu stáže, stanovení počtu ECTS kreditů za stáž a následného uznání stáže):

<https://czs.muni.cz/cs/student-mu/informacni-zdroje/evidence-a-uznavani-pobytu>

Seznam předmětů Zahraniční pracovní pobyt na jednotlivých fakultách:

<https://czs.muni.cz/cs/student-mu/informacni-zdroje/evidence-a-uznavani-pobytu#prakticke-pobyty>

Více o Europassech:

<http://www.europass.cz/>

## Podpisy

By signing this document, the trainee, the Sending Institution 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 Sending Institution any problem or changes regarding the traineeship period. The Sending Institution 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 (or the principles agreed in the partnership agreement for institutions located in Partner Countries).					
Commitment	Name	Email	Position	Date	Signature
Trainee			<i>Trainee</i>		
Responsible person <sup>11</sup> at the Sending Institution					
Supervisor <sup>12</sup> at the Receiving Organisation					

- podepisuje **stážista, Receiving Organisation, MU**