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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Participante**  **Trainee** | **Apellidos/Last name(s)** | | | **Nombre/**  **First name(s)** | | **Fecha de nacimiento/ Date of birth** | | **Nacionalidad/**  **Nationality** | **Sexo/**  **Sex [M/F]** | **Ciclo de Estudios**  **Study cycle** | | | |
|  | | |  | |  | |  |  |  | | | |
| **Entidad de origen/**  **Sending Institution** | **Nombre/Name** | | | **Faculty/ Department** | | **Address/Dirección** | | | **País/**  **Country** | **Nombre y datos contacto/**  **Contact person name and information** | | | |
|  | | |  | |  | | |  |  | | | |
| **Receiving** **Organisation/Enterprise** | **Nombre/Name** | | | **Departmento/**  **Department** | | **Address/Dirección**  **Web** | | | **País/**  **Country** | **Nombre y datos contacto/**  **Contact person and information** | | | |
|  | | |  | |  | | |  |  | |  | |
| **Antes de la Movilidad / Before the mobility** | | | | | | | | | | | | | |
| **Programa de Prácticas en la entidad de destino/ Traineeship Programme at the Receiving Organisation/Enterprise** | | | | | | | | | | | | | |
| **Movilidad de-hasta / Mobility: from-to ……………. to …………….** | | | | | | | | | | | | | |
| **BECAS “UCO-GLOBAL” PARA LA REALIZACIÓN DE ESTANCIAS**  **DE PRÁCTICAS INTERNACIONALES EN UNIVERSIDADES EXTRANJERAS (CURSO 17/18)** | | | | | | | | | **Horas por semana/**  **Hours per week:** | | | | |
| **Detalle del programa /Detailed programme of the traineeship:** | | | | | | | | | | | | | |
| **Conocimientos, habilidades y competencias que se adquirirán al final de la estancia (resultados de aprendizaje esperados)/**  **Knowledge**, **skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes):** | | | | | | | | | | | | | |
| **Plan de seguimiento/Monitoring plan:** | | | | | | | | | | | | | |
| **Plan de evaluación/Evaluation plan:** | | | | | | | | | | | | | |
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| **NIVEL DE IDIOMA/LANGUAGE LEVEL**  **(NO APLICABLE A PRÁCTICAS DE LA FACULTAD DE CIUENCIAS DE LA EDUCACIÓN)**  The level of **language competence[[1]](#endnote-1)** 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* ☐ | | | | | | | | | | | | | |

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| **Entidad de origen**(marcar solo uno de los casos)  **Sending Institution** (please use only one of cases)   1. **Estancia curricular/ Curricular traineeship**  |  |  | | --- | --- | | ECTS :  Basado en/based on: | Traineeship certificate ☐  Informe Final/ Final report ☐ |  1. **Estancia extra-curricular/ Extra-curricular traineeship**  |  |  | | --- | --- | | ECTS :  Basado en/based on: | Traineeship certificate ☐  Informe Final/ Final report ☐ |   **Seguro de Accidentes /Accident insurance**   |  |  | | --- | --- | | **La Institución de envío proporcionará un seguro de accidentes (si no lo proporciona la Organización / Empresa receptora)**  **The Sending Institution will provide an accident insurance to the trainee (if not provided by the Receiving Organisation/Enterprise):** Yes/Sí **x** No ☐ | **El seguro cubre/ The accident insurance covers**:  - accidentes en viajes realizados con fines laborales/ accidents during travels made for work purposes: Yes/Sí **x** No ☐  - accidentes en el camino al trabajo y a la vuelta del trabajo / accidents on the way to work and back from work: Yes/Sí **x** No ☐ | | **La Institución de envío proporcionará un seguro de responsabilidad civil al aprendiz (si no lo proporciona la entidad de destino) /The Sending Institution will provide a liability insurance to the trainee (if not provided by the Receiving institution):**  Yes/Sí **x** No ☐ | | | | | | | |
| **Entidad de destino/Receiving Institution**   |  | | --- | | **La entidad de destino proporcionará seguro de responsabilidad civil (si no lo proporciona la Institución de envío) /**  **The Receiving Organisation/Enterprise will provide a liability insurance to the trainee (if not provided by the Sending Institution):**  Yes/Sí ☐ No ☐ | | **La entidad de destino proporcionará el soporte y equipamiento apropiados para la realización de la estancia /**  **The Receiving Organisation/Enterprise will provide appropriate support and equipment to the trainee.** | | **Una vez finalizado el período de prácticas, la entidad de destino se compromete a emitir un Certificado de Estancia dentro de las 4 semanas posteriores tras la finalización de la estancia.**  **Upon completion of the traineeship, the Organisation/Enterprise undertakes to issue a Certificate of Stay within 4 weeks after the end of the traineeship**. | | | | | | |
| Con la firma de este documento, el beneficiario, la Institución de envío y la entidad de destino confirman que aprueban el presente acuerdo y que cumplirán con todo lo acordado por todas las partes./ By signing this document, the trainee, the Sending Institution and the Receiving institution confirm that they approve the Training Agreement and will comply with all the arrangements agreed by all parties.  El beneficiario y la entidad de destino comunicarán a la Institución de origen cualquier problema o cambio relacionado con el período de prácticas. / The trainee and Receiving Institution will communicate to the Sending Institution any problem or changes regarding the traineeship period. | | | | | |
| **Compromiso/ Commitment** | **Nombre complete/**  **Full Name** | **Email** | **Cargo/Position** | **Fecha/Date** | **Firma/Signature** |
| Trainee |  |  |  |  |  |
| Responsible person at the Sending Institution |  |  |  |  |  |
| Supervisor at the Receiving Organisation |  |  |  |  |  |

**Después de la Movilidad / After the Mobility**

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| ***Table D - Traineeship Certificate by the Receiving Organisation/Enterprise*** |
| **Name of the trainee:** |
| **Name of the Receiving Organisation/Enterprise:** |
| **Sector of the Receiving Organisation/Enterprise:** |
| **Address of the Receiving Organisation/Enterprise** [street, city, country, phone, e-mail address]**, website:** |
| **Start date and end date of traineeship: from [day/month/year] …………………. to [day/month/year] ………………..** |
| **Traineeship title:** |
| **Detailed programme of the traineeship period including tasks carried out by the trainee:** |
| **Knowledge, skills (intellectual and practical) and competences acquired (achieved Learning Outcomes):** |
| **Evaluation of the trainee:** |
| **Date:** |
| **Name , stamp and signature of the Supervisor at the Receiving Organisation/Enterprise:** |

1. **Level of language competence**: a description of the European Language Levels (CEFR) is available at: <https://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr> [↑](#endnote-ref-1)