

COMPANY AGREEMENT FORM

[Please print out on company's headed paper before signing]

THE HOST ENTERPRISE

Name of company (Legal name):	
VAT or Association Registration nr:	
Short description of enterprise activities	
Type of organization/enterprise:	
NACE Activity sector code	
OID code (eventually):	
Company size:	<input type="checkbox"/> SMALL (from 1 to 50 employees) <input type="checkbox"/> MEDIUM (from 51 to 500 employees) <input type="checkbox"/> LARGE (501 or more employees)
Company Legal Address:	
Country:	
Company Website:	
Name of SUPERVISOR (this person is responsible for signing this Company Agreement, supervising the trainee during the traineeship and signing the Traineeship Certificate)	
Supervisor's e-mail:	
Supervisor's phone number:	
Name of traineeship MENTOR (the role of the mentor is to provide support, encouragement and information to the trainee on the life and experience relative to the enterprise (culture of the enterprise, informal codes and conducts, etc.)	
Mentor's e-mail:	
Montor's phone number:	

confirms its willingness to host

Mr/Ms _____

student of the University of Parma (Università degli Studi di Parma, via Università 12 – 43121 Parma), as a trainee in our company. His/her acceptance is submitted to his/her selection as holder of an Erasmus Plus contribution under the University of Parma's *Erasmus Plus Mobility for Traineeship (SMT)* scheme. We intend to entrust him/her with tasks and responsibilities according to his/her studies, qualifications and knowledge.

TRAINEESHIP SUMMARY

Traineeship starting date: (any date within 01/10/2020 – 30/07/2021)	
Traineeship ending date: (latest ending date eligible: 30/09/2021)	
Traineeship duration:	_____ months
Working hours per week: (please insert value between 18 and 40 hours/week)	

TRAINEESHIP DETAILS

Traineeship title:	
Detailed programme of the training period:	
Knowledge, skills and competences to be acquired by the trainee at the end of the traineeship:	

Monitoring plan:	
Evaluation plan:	
In case the traineeship takes place in a representation or public institution of the home country of the student (e.g. cultural institutes, schools) please indicate the additional transnational benefits:	
Main language of the traineeship:	
Level requested at the beginning of traineeship: (click here for Language Reference Framework)	B2 <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/>
The University of Parma will check that the candidate is in possess of a B2 level knowledge of the main language of the traineeship, in alternative you can declare that:	
<input type="checkbox"/> the candidate has an adequate knowledge of the above-declared language to carry out the training placement at our company	

CONFIRMATION OF ACCEPTANCE

Date and place:	
Name of signee (SUPERVISOR):	
Position of signee:	
Signature:	
ENTERPRISE STAMP (compulsory in case this form is not filled on HEADED PAPER)	