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| **Trainee** |
| Last name(s) |  | First name(s) |  |
| Start date |  | End date |  |
| **Host Institution** |
| Name |  |
| Website |  |
| Address Line 1 |  |
| Town |  | Postcode |  |
| State |  | Country |  |
| *Category*[ ]  Research institute[ ]  Business[ ]  Hospital[ ]  Public School[ ]  Other, please specify: | *Sector*[ ]  Education[ ]  IT[ ]  Production[ ]  Sales[ ]  Other, please specify: | *Size*[ ]  1 – 50 employees [ ]  51 - 250 employees[ ]  251 - 500 employees[ ]  >500 employees |
| **Supervisor***The person who will be responsible for signing the Learning Agreement and Traineeship Certificate* |
| Last name(s) |  | First name(s) |  |
| Title | )  | Gender | [ ]  Male / [ ]  Female |
| Email |  | Telephone |  |
| **Traineeship** |
| Traineeship title |  |
| Working hours per week |  | Main working Language |  |
| The host institution will provide a contribution in kind to the trainee for the traineeship(eg. food, travel costs, accommodation etc.)[x]  No [ ]  Yes, please specify:  |