Concluded between:

Legal Name of the Sending Institution: **Uniwersytet Szczeciński (The University of Szczecin)**

Address of the Sending Institution

Street/number of the premises: **Al. Papieża Jana Pawła II 22A**

City/post code: **Szczecin, 70-453**

Country: **Polska (POLAND)**

Legal representative of the Sending Institution: **prof. zw. dr hab. Marek Górski**

Position at the Sending Institution: **Prorektor ds. Nauki i Współpracy Międzynarodowej**

Telephone no: **+48 91 444 1155** Fax no: **+ 48 91 444 1199**

Mail address: pronauk@univ.szczecin.pl

Erasmus Charter for Higher Education No.: **48921-EPP-1-2014-1-PL-EPPKA3-ECHE**

Erasmus Code: **PL SZCZECI01**

Hereinafter referred to as “**Sending Institution**”

and

Legal Name of the Receiving Organisation:

Address of the Receiving Organisation

Street/number of the premises:

City/post code:

Country:

Registered at …………………………………………………………………. (name of the register)\*, kept by ……………………………… (name of the institution keeping the register) under No. ……………………… (identification number)

Legal representative of the Receiving Organisation:

Position at the Sending Institution:………………………………………………………………………………………………………………………………….

Telephone no: ....................................................... Fax no:

Mail address:

Hereinafter referred to as “**Receiving Organisation**”,

\*e.g. REGON,KRS, GEWERBEREGISTER, REGISTRES DU COMMERCE ET DES SOCIÉTÉS - RCS, REGISTRO DELLE IMPRES, EUROPEAN BUSINESS REGISTER

**Article 1**

1. This Agreement has been concluded for the period from dd-mm-2019 to 30-09-2019.
2. This agreement applies to the implementation of **mobility project for higher education students and staff** under the **Key Action 1 of the Erasmus+ Programme** and was adopted in accordance with the REGULATION (EU) No 1288/2013 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 11 December 2013 establishing 'Erasmus+': the Union programme for education, training, youth and sport as well as the Erasmus+ Programme Guide 2016, Version 2 (07/01/2016), incorporating the corrigendum of 15/12/2015, published on <http://ec.europa.eu/programmes/erasmus-plus/resources_en>
3. The above Parties have jointly agreed to start the cooperation according to the principles of the Erasmus Charter for Higher Education in a form of **student mobility for traineeships (work placements).**

**Article 2**

1. The Receiving Institution declares to provide the following number of student traineeships (work placements) under *Erasmus+: Key Action 1: mobility project for higher education students and staff* for eligible students at the University of Szczecin, the Faculty of ………………………………….. (Wydział………………………………….): …. (number), each for **the minimum period of 2 months (60 days)** within the Subject area ISCED (International Standard Classification of Education: Fields of Education and Training 2013, ISCED-F 2013): ………………………… .

1. Information about the traineeships available including the proposed start and end dates, detailed programme of the traineeship and number of working hours per week will be provided by means of ………………………..(notification by e-mail/ publishing on internet website/other).
2. For each traineeship an individual Learning Agreement Student Mobility for Traineeships will be drafted and signed by the Sending Institution, the Receiving Institution and the student.
3. The following rules apply when assuring the quality of the traineeships:
* The Receiving Organisation will provide financial support to the trainee for the traineeship: Yes ☐ No ☐, If yes, amount (EUR/month): ………..
* The Receiving Organisation will provide a contribution in kind to the trainee for the traineeship:

Yes ☐ No ☐ If yes, please specify: ….

* The Receiving Organisation will provide an accident insurance to the trainee: Yes ☐ No ☐

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 ☐

* The Receiving Organisation will provide a liability insurance to the trainee: Yes ☐ No ☐
* The Receiving Organisation will provide appropriate support and equipment to the trainee.
* Upon completion of the traineeship, the Organisation undertakes to issue a Traineeship Certificate within 5 weeks after the end of the traineeship, summarising the tasks carried out and an evaluation.
* The level of language competence in ………………. (language) the eligible trainee should have by the start of the mobility period is: B1 ☐ B2 ☐ C1 ☐ C2 ☐ Native speaker ☐

**Article 3**

All information, queries and correspondence concerning this agreement will be addressed to the contact persons listed below:

* Contact person of the Sending Institution ( Erasmus+ Institutional Coordinator, Mobility Projects: programme countries )

unit: **Dział Spraw Międzynarodowych ( International Office)**

name: **Paulina Judycka**

mail address: paulina.judycka@usz.edu.pl , phone no: 0048 91 444 1058

* Contact person of the Sending Institution ( Erasmus+ Officer for placements)

unit: **Dział Spraw Międzynarodowych ( International Office)**

name: **Żaklin Skokowska**

mail address: zaklin.skokowska@usz.edu.pl , phone no: 0048 91 444 1018

* Contact person of the Sending Institution ( Faculty Coordinator)

faculty: .........................................................................................................................................................................

name:

mail address: .................................................................................., phone no: ...........................................................

* Contact person of the Receiving Organisation

department/unit:

name:

mail address: .................................................................................., phone no: ...........................................................

**Article 4**

1. This Agreement shall be governed by the laws of: **Poland.**
2. Any disputes arising from the implementation of this Agreement shall be settled by a court competent for **Szczecin, Poland.**

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| --- | --- |
| For the Sending Institution | For the Receiving Organisation |
| Faculty of …………………(Wydział…………………………….): Signature of the Dean: | Signature of the legal representative: | Signature of the legal representative: |
| Date/ city: | Date/ city: | Date/ city: |
| Stamp of the Sending Institution | Stamp of the Receiving Organisation |