

Please fill out the form directly on your computer. Handwritten forms will no longer be accepted.

**Confirmation of the Company**

**TRAINING AGREEMENT for PROMOS student placements  
and  
QUALITY COMMITMENT PROMOS PROGRAMME**

**I. DETAILS OF THE STUDENT**

**Name of the student:** \_\_\_\_\_

Address: \_\_\_\_\_

Date and place of birth: \_\_\_\_\_

Country of Origin: \_\_\_\_\_

Subject area: \_\_\_\_\_

Desired Degree: \_\_\_\_\_

**Sending institution:**  
University, City: \_\_\_\_\_

**II. DETAILS OF THE PROPOSED TRAINING PROGRAMME ABROAD**

**Host organisation:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Country: \_\_\_\_\_

Short Description of the Company: \_\_\_\_\_

Type of business: \_\_\_\_\_

Number of employees: \_\_\_\_\_

**Mentor:**

Name: \_\_\_\_\_

Function: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Website: \_\_\_\_\_

**Planned dates of start and end of the placement period:**  
from [day/month/year] \_\_\_\_\_ till [day/month/year] \_\_\_\_\_, that is \_\_\_\_\_ months

Company remuneration per month (in EURO and country currency): \_\_\_\_\_

no remuneration paid

Comments: \_\_\_\_\_

**Knowledge, skills and competences to be acquired:**

**Detailed programme of the training period:**

**Monitoring and evaluation plan:**

### III. COMMITMENT OF THE TWO PARTIES

By signing this document the student and the host organisation confirm that the declared allegations are correct.

#### **The student**

Student's signature

Date

#### **The host organisation**

We confirm that this proposed training programme is approved. On completion of the training programme the organisation will issue a Certificate to the student.

**Coordinator's name and function**

Coordinator's signature

Date: