



COMPANY AGREEMENT FORM

TRAINEESHIP OFFER for:

Name and Surname of the Trainee:
Traineeship period: months starting from:
(any date within 01/06/2020 – 30/09/2021)
Working hours per week (18 – 40 hours per week):
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:
Main language of the traineeship:
□ The candidate has an adequate knowledge of language to carry out the training placement at our company.
Name of Contact person:
Contact person's email:Contact person's phone number:
We hereby confirm that we are willing to host Mr/Ms
as a trainee in our company, if he/she obtains an Erasmus+ status under the University of Valladolid's Erasmus+ Mobility for traineeship scheme.
We intend to entrust him/her with tasks and responsibilities according to his/her studies, qualifications and knowledge and as specified in the traineeship offer above.
Date: Name of signee (supervisor):
Position of signee:
Signature:

Company stamp: