

## PLACEMENT/ TRAINEESHIP OFFER FORM

**Collaborating organisation:**

*(If an agreement already exists between our organisations, it is NOT necessary to complete this first part)*

Organisation/ Company Name :

Registration number:

Address:

City:

Post code:

Country:

Web site:

Legal representative:

Position of legal representative:

Contact person:

Position of contact person:

Email of contact person:

Telephone of contact person:

**Placement / Traineeship Offer**

**Position/ Role offered (title):**

Department / Service:

Student supervisor/ mentor in the organisation:

Supervisor/mentor email:

Placement / Traineeship location: (if different from above)

**Brief Traineeship description:**

**Specific tasks to be carried out by the trainee:**

| Tasks | Specification |
|-------|---------------|
| 1     |               |
| 2     |               |
| 3     |               |
| 4     |               |
| 5     |               |

The collaborating organisation will provide financial support to the student for the traineeship:

Yes  No If yes, amount per month:

The Collaborating organisation will provide contribution in kind to the student for the traineeship:

Yes  No If yes, please specify:

**Calendar**

Period: From \_\_\_\_\_ to \_\_\_\_\_

Timetable: \_\_\_\_\_

Hours a week: \_\_\_\_\_

Total hours: \_\_\_\_\_

**Other comments:**

The \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_ 20\_\_\_\_

Please complete the form and return it by email at: **careers.service@uvic.cat**

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