**Erasmus Student Work Placement**

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| **STUDENT INFORMATION** |
| Name of the student  |  |
| Subject area |   |
| Degree |  |
| Sending institution: |  |
| Academic year: |  |
| Planned dates of start and end of placement |  |
| **EMPLOYER INFORMATION** |
| Name of organisation \* |  |
| Address inc post code\* |  |
| Telephone\* |  |
| Fax |  |
| E-mail \* |  |
| Website \* |  |
| Number of employees\* |  |
| Short description of the company\* |  |
| Other\* |  |
| **CONTACT DETAILS** |
| Contact person for this placement\* |  |
| Department and designation / job title |  |
| Direct telephone number\*Land line and mobile |  |
| E-mail address |  |

Signiture: Stamp:

Please provide **as much information on the placement as possible** – too much information is better than not enough!

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| **PLACEMENT INFORMATION**  |
| Department / Function |  |
| Description of tasks of the trainee |   |
| Knowledge, skills and competence to be acquired |  |
| Detailed programme of the training period |  |
| Monitoring and evaluation plan |  |
| Location  |  |
| Duration (dates) |  |
| Working hours per week |  |
| Accommodation (please select) | 🞎 Accommodation will be provided🞎 Student to make own arrangements |
| Details of financial and “in kind” support to be provided |  |
| **COMPETENCES, SKILLS and EXPERIENCE REQUIREMENTS from the TRAINEE**  |
| Languages and level of competence required |   |
| Computer skills and level of skills required |  |
| Drivers license |  |
| Other |  |
| **INFORMATION PROVIDED BY** |
| Name |  |
| Department / Function |  |
| E-mail address |  |
| Phone number(s) |  |
| Date |  |

Signiture: Stamp:

Please return this form by email to erasmus@bilecik.edu.tr