MOBILITY PROGRAM

Degree in Medicine





TRAINING PROJECT FOR TRAINEESHIPS

FROM ORGANISATION/ENTERPRISE TO HOST UPF STUDENT

The Receiving Organisation/Enterprise

Name:

| Department: | | | | |
|--|------------------------|-----------------|--|--|
| Address: | Website: | | | |
| Postal Code & City: | Country: | | | |
| Supervisor. Name/position: | | | | |
| Supervisor. E-mail: | Supervisor. Telephone: | | | |
| Proposed Mobility Programme (| (Placement Inf | ormation) | | |
| Planed period of the mobility | | | | |
| From till | | | | |
| Traineeship title (position): | | | | |
| Name of the student: | | DNI: | | |
| Number of working hours per week: h. | | Total hours: h. | | |
| Location: | | | | |
| Traineeship Plan | | | | |
| Detailed programme of the traineeship period, including tasks/deliverables and associated timing | | | | |
| to be carried out by the trainee | | | | |
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| Knowledge, skills (intellectual and practical) and competences to be acquired by the trainee at the end of the traineeship (learning outcomes) | | | |
|--|--|--|--|
| end of the traineeship (learning outcomes) | | | |
| • | Basic competences | | |
| | | | |
| | | | |
| • | Generic competences | | |
| | | | |
| | Specific competences | | |
| | Specific competences | | |
| | | | |
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| Mc | onitoring plan | | |
| Describing how/when the trainee will be monitored during his/her traineeship by both the sending institution and the | | | |
| receiving organisation/enterprise. Specify the number of supervision hours. Specify if a third party is also involved, such as a higher education institution in the receiving country, and if yes, specify the contact details of the person in charge. | | | |
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| | aluation plan | | |
| Describing the assessment criteria to be used to evaluate the trainee'ship period. Examples of assessment criteria: academic skills/expertise, analytical skills, initiative, adaptability, communication skills, | | | |
| | mwork skills, decision-making skills, ICT skills, innovative and creative skills, strategic-organisational skills, foreign | | |
| iang | guage skills. | | |
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| Responsible person in the receiving organisation/enterprise (supervisor): | | |
|---|-------------------|--|
| Name: | Function: | |
| Phone number: | E-Mail: | |
| ? | | |
| Responsible person's signature | [Stamp and] Date: | |