***Training Agreement and Quality Commitment***

***Academic Year 2017/2018***

# 1. DETAILS OF THE STUDENT

|  |  |
| --- | --- |
| ***Name of the student***  |  |
| ***Study programme***  |  |
| ***Field of study***  |  |
| ***Study cycle***  |  |
| ***JMBAG /* *Student ID number***  |  |
| ***Date of birth***  |  |
| ***Nationality***  |  |
| ***Contact information (Email, Tel., Adress)***  |  |

# 2. SENDING INSTITUTION

|  |  |
| --- | --- |
| ***Sending institution*** | Sveučilište u Zagrebu, Fakultet strojarstva i brodogradnje  |
| ***Adress***  | Ivana Lučića 5, 10000 Zagreb, Hrvatska  |
| ***Contact person***  | Ana Domitrović, Email: ana.domitrovic@fsb.hr Tel: 00 385 1 6168 416  |
| ***ECTS koordinator***  | Hrvoje Cajner, Email: hrvoje.cajner@fsb.hr Tel: 00 385 1 6168 331 |

# 3. RECEIVING INSTITUTION

|  |  |
| --- | --- |
| ***Receiving institution*** |  |
| ***Adress***  |  |
| ***Name of the mentor***  |  |
| ***Coordinator***  |  |

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

***Planned dates of start and end of the placement period***

***Programme of the training period***

1. ***COMMITMENT OF THE THREE PARTIES***

# I. THE STUDENT

Student’s signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Datum / Date:

***II.* *THE SENDING INSTITUTION***

We confirm that this proposed training programme agreement is approved. The training programme is part of the curricula Yes / No

On satisfactory completion of the training programme the institution will:

* **award ECTS credits** Yes /No, If yes: number of ECTS credits:
* **record the training period in the Diploma Supplement** Yes /No

|  |  |
| --- | --- |
| **Coordinator’s name and function:** Doc. dr.sc. HRVOJE CAJNER, ECTS COORDINATOR**Coordinator’s signature:**  ………………………………………………………  |    **Date:** ................................................................... |

# III. THE RECEIVING ORGANISATION

**Name and position of the mentor:**

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:**

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**Coordinator’s signature:**

.......................................................................... **Date:** ...................................................................

**QUALITY COMMITMENT**

**THE SENDING HIGHER EDUCATION INSTITUTION\* UNDERTAKES TO:**

* assist the student in **choosing** the appropriate host organisation, project duration and training programme content
* give **full recognition** to the student for satisfactory completed activities specified in the Training Agreement

**THE HOST ORGANISATION UNDERTAKES TO:**

* assignto students **tasks and responsibilities** to match their knowledge, skills, competencies and training objectives and ensure that appropriate equipment and support is available
* draw **a contract or equivalent document** for the training programme in accordance with the requirements of the national legislation
* **appoint a mentor** to advise students, help them with their integration in the host environment and monitor their training progress

**THE STUDENT UNDERTAKES TO:**

* comply with all **arrangements** negotiated for his/her training programme and to do his/her best to make the training a success
* abide by the **rules and regulations** of the host organisation, its normal working hours, code of conduct and rules of confidentiality
* **communicate** with the sending institution about any problem or changes regarding the training programme
* **submit a report** in the specified format and any required supporting documents at the end of the training programme.