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**ERASMUS+ Programme / internships for students**

**Application Form for STUDENTS 202\_ – 2\_**

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| Full name (s) of the student:  Date of birth:  **Citizenship:**  Address in CZE:  Email:  Tel.: |  | |
| Sending institution: | **Czech University of Life Sciences Prague (CZU)** | |
| Faculty:  Study Programme:  Year of study in the academic year  202\_ / 2\_ (e.g. 2nd Bc, 1st Master, 1st PhD)  Number of concluded higher education study years prior to departure abroad (altogether): |  | |
| **Name and full address of the host institution** (including postal code and country) in which the internship will be realised:  Organization (for profit/not for profit): | For Profit institution  Not-for profit institution | |
| Legal status (public / private):  **Indicate economic sector**:  Size of institution | Public institution  Private institution    .................................................  1-250;  250 and more | |
| The working language of the internship institution and compulsory language test: |  | |
| Are you interested in a language course (this course is compulsory in the case of test result B1 and less)? | YES in language .........................  NO | |
| Contact person at the host institution: |  | |
| Email of the host institution: |  | |
| Telephone nr. of the host institution: |  |  |
| Internship period: (exact date; **dd/mm/yyyy**): | From: | To: |

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| **Annexes:** | **Annex I:** | **Learning Agreement (scan with all signatures)** |
|  | **Annex II:** | **Copy of insurance certificate for the period of the mobility meeting Erasmus+ requirements (ERV)** |

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| Date: …………………. | Student´s signature: ………………………………. |

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| **Statement of the faculty management at CZU:**  The mobility proposal is:   * Approved * Not approved   By approving the ERASMUS internship, the CZU agrees to     1. recognise the prescribed practical training 2. award number of ECTS credits: ….. ECTS  or 3. will be recognised by other means (specify): …………………………… for …… ECTS credits | |
| Date: | Signature: |

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| **Statement of the CZU faculty IRO:**   * The student´s internship mobility is approved:      * The student´s/graduate´s internship mobility is not approved:     Provided that the conditions of the internship mobility are fulfilled, the results will be registered in the Diploma Supplement. | |
| Date: | Signature: |

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| **Statement of the CZU Rectorate IRO:**  **Bc. Ondřej Votinský, Institutional Coordinator of the Erasmus+ Programme**   * Approves the student´s internship mobility      * Does not approve the student´s/graduate´s internship mobility | |
| Date: | Signature: |

Other obligations to fulfil or documents to submit before signature of Grant Agreement:

* Learning Agreement for Traineeship (LA) signed by the host institution, and home faculty.
* Proof of health and accidental insurance, including repatriation and third-party liability insurance for the entire internship period – ERV or equivalent approved by CZU IRO coordinator.
* Voluntarily passing of entrance language test (EU Academy).

After completing the internship, the trainee must:

* Fill out the online EU participant report.
* Submit the original (personally or by post) Learning Agreement – Learning Agreement Traineeship Certificate (After the mobility part) page – signed and confirmed by the host institution, in which the dates of the mobility will be indicated (the dates must correspond to the dates indicated in the Grant Agreement, and eventual addition).