PRACTICAL TRAINING PLAN / AGREEMENT

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STUDENT INFORMATION

|  |  |  |
| --- | --- | --- |
| Name | Student number | Group code |
| Degree programme | Specialization | Credits |
| Telephone number | E-mail | |

TASK DURING THE COMING TRAINING PERIOD

|  |
| --- |
| Job Description |
| Training Period        Weeks Start date of training period  **OR**        Hours End date of training period |

EMPLOYER INFORMATION / INFORMATION ABOUT THE EMPLOYER

|  |  |  |
| --- | --- | --- |
| Employer | | |
| Street address | Postal code | Postal office |
| Contact person\*\***\*** | Telephone number | E-mail |
| **\*\*\*The contact person of the employer familiarizes the trainee with his/her responsibilities.**  The employer and the student draw up on employment contract for a specified period. The duties and obligations for both parties are defined in the contract of employment.  The employer and the student draw up an agreement of practical training, not an employment contract. The student complies with the general rules and agreed working hours of the workplace.  When under a contract, the student will be covered by the workers’ compensation insurance.  The statutory accident insurance for the students is valid in accordance with the study plan practical training and also applies while travelling directly from the educational establishment or the student´s apartment to the appointed practical training place and back. The insurance is valid according to the conditions stipulated at the time of concluding the agreement. The insurance is also valid abroad. We still recommend that the student take out a voluntary more extensive insurance for the stay abroad.  **The student is to receive a testimonial written by the employer. A copy of the testimonial is to be submitted to the supervising teacher together with the application for approval of practical training.** | | |

THE SUPERVISING TEACHER FOR PRACTICAL TRAINING, supports the trainee in performing the duties needed to achieve his/her learning objectives.

|  |  |  |
| --- | --- | --- |
| The name of the supervising teacher | E-mail | Telephone number |

SIGNATURES

|  |  |
| --- | --- |
| Time and place | Signature of the student |
| Time and place | On behalf of the employment |
| Time and place | On behalf of the Vaasa University of Applied Sciences |

This agreement is drawn in three copies, one for each part.