



Unpaid Traineeship Agreement in the Delegations of the European Union¹

STUDENT	
Surname	
Name(s)	
Date and place of birth	[day/month/year] in
Sex [M/F]	
Nationalities (1 st , 2 nd , 3 rd ,)	
Academic year	
Study cycle	
Subject area	
E-mail / phone	

SENDING UNIVERSITY / INSTITUTION	
Name	
Faculty	
Department	
Address	
Country	
Contact person name / position	
Contact person e-mail / phone	

RECEIVING EU DELEGATION	
Country, Address	
Contact person name/position	
Contact person e-mail/phone	
Traineeship Adviser's name	
Traineeship Adviser's e-mail	

¹ Applicable for students under Article 9 of the ADMIN(2017)28 Decision.

Section to be completed BEFORE THE TRAINEESHIP

PROPOSED TRAINEESHIP PROGRAMME

Planned period of the traineeship:

from [month/year]..... till [month/year].....

Number of working hours per week:

Holidays entitlement: 2 days per month and public holidays as fixed for the officials of the Delegation. Any leave should be consulted with and agreed by the Traineeship Adviser.

Detailed programme of the traineeship period:

Educational objectives (*learning and training objectives*):

- ✓ ...
- ✓ ...
- ✓ ...
- ✓ ...
- ✓ ...

Tasks assigned to the trainee in order to attain these objectives:

- ✓ ...
- ✓ ...
- ✓ ...
- ✓ ...
- ✓ ...

The level of **language competence** [workplace main language] that the student already has or agrees to acquire by the start of the traineeship period is:

Language 1: A1 ☐ A2 ☐ B1 ☐ B2 ☐ C1 ☐ C2 ☐

Language 2: A1 ☐ A2 ☐ B1 ☐ B2 ☐ C1 ☐ C2 ☐

THE TRAINEE

1. While working for the EU Delegation, I will make the best use of my knowledge acting according to the internal rules at the Delegation. I will be working under the direct supervision of the Traineeship Adviser, following his/her advice and guidelines;
2. I fully understand that the Delegation has no contractual or employment relationship with trainees, and that my traineeship does not include any promises or expectations for employment in the EU institutions;
3. **I confirm that I have sufficient financial resources to cover my expenses during the traineeship period**, and that I have adequate insurance and medical coverage (insurance against sickness expenses, against the risk of accident and for repatriation);

4. **I receive a grant** ☐ YES/ ☐ NO

If yes, please specify and attach a copy of the proof of payment.

I receive an amount of (currency) paid by
for the perioduntil.....

5. I commit myself to maintain absolute discretion regarding any information, correspondence or documents of which I become aware in the context of my presence in the Delegation;
6. I understand that I have no authority to act on behalf of the Delegation or its officers and employees, and that I shall not represent the EU at any event or to be a party to any statement, interview or publication relating to matters dealt with in the course of my assignment;
7. I am an expatriate ☐ YES/ ☐ NO

If yes, as an expatriate, I am fully aware of the security situation of the country of my traineeship, and more particularly concerning the choice of my accommodation. I confirm that I will look for my accommodation taking into consideration its security;

8. If I am a student, I confirm that the traineeship program at the Delegation is undertaken by me in furtherance of my education and for no other purpose.
9. I am a family member of a staff member working for the EU Institutions:

☐ YES/ ☐ NO **If yes**, Institution of family member:

Name & surname of the staff member:

Link with this person:

If yes, I declare that there is no potential conflict of interest between my traineeship and the activities of the family member.

THE UNIVERSITY

The University undertakes to respect the local legislation on compulsory traineeships.

The traineeship is embedded in the curriculum and upon satisfactory completion of the traineeship, the University undertakes to:

- AwardECTS credits.
- Give a grade based on: Traineeship certificate ☐ Final report ☐ Interview ☐

The trainee will receive a financial support for his/her traineeship: Yes ☐ No ☐

If yes, amount in EUR (or other currency)/month:

THE RECEIVING EU DELEGATION

The EU Delegation confirms that the trainees are covered by a complementary accident insurance² and by liability insurance.

The EU Delegation undertakes to ensure that appropriate equipment and support is available to the trainee.

This is a non-remunerated traineeship. The trainee will not receive any financial support from the Delegation.

Upon completion of the traineeship, the EU Delegation undertakes to issue a **Traineeship Certificate**

RESPONSIBLE PERSONS

Responsible person in the sending **University/Institution**:

Name:

Function:

E-mail:

Phone number:

Responsible person in the receiving **EU Delegation (Traineeship Adviser)**:

Name:

Function:

E-mail:

Phone number:

² contract No PMO/PO/2016/2034 – No AXA010.730.428.398.0004

COMMITMENT OF THE THREE PARTIES

By signing this document, the student, the sending University/Institution and the receiving EU Delegation confirm that they approve the proposed Traineeship Agreement and that they will comply with all the arrangements agreed by all parties.

The trainee and receiving EU Delegation will communicate to the sending University/Institution any problem or changes regarding the traineeship period.

The student
Trainee's signature

Date:

The sending University/Institution
Name and function
Responsible person's signature

Date:

The receiving EU Delegation
Name and function
Responsible person's signature

Date:

Section to be completed DURING THE TRAINEESHIP

EXCEPTIONAL CHANGES TO THE PROPOSED TRAINEESHIP PROGRAMME

1. Extension of planned period of the traineeship:

from [month/year].....till [month/year].....

The trainee, the sending University/Institution and the receiving EU Delegation confirm that the proposed amendments to the traineeship programme are approved.

Approval by e-mail or signature from the trainee, the responsible person in the sending University/Institution and the responsible person in the receiving University/Institution.

2. Changes in the responsible person(s), if any:

New responsible person in the University/Institution:

Name:

Function:

Phone number:

E-mail:

New responsible person in the EU Delegation:

Name:

Function:

Phone number:

E-mail: