

**AGREEMENT
FOR PRACTICUMS IN THE WORKPLACE**

Name of the educational institution: _____		
Coordinator: _____	Title: _____	
Address: _____		
Telephone: _____	Fax: _____	E-mail: _____

Name of the business: _____		
Coordinator: _____	Title: _____	
Address: _____		
Telephone: _____	Fax: _____	E-mail: _____

Name of the trainee: _____		
Address: _____		
Telephone: _____	Fax : _____	E-mail: _____

Name of the program: _____	Number: _____
Objectives to be attained during the practicum:	
- _____	_____
- _____	_____
- _____	_____
- _____	_____

Total duration of the practicum: _____	

Dates of the practicum: from _____	to _____
Location of the practicum (address, room):	

Schedule of the practicum:

Number of hours of supervision for the trainee: _____

Salary of the trainee (if applicable): _____

Details: _____

Anticipated date for the evaluation (teacher, supervisor and trainee): _____
Location of the evaluation (address, room):

Anticipated date for the issuing of the Certificate of Participation: _____
The Certificate of Participation will be sent to: _____

Additional information: _____

Check this box if there are one or more annexes to this agreement.

This agreement is accepted and signed by both parties.	Date of signature: _____
_____	_____
(Coordinator at the educational institution)	(Coordinator at the company)