

**Veleučilište „Lavoslav Ružička“ u Vukovaru**

**Erasmus+ program mobilnosti u akademskoj godini 2016./2017.**

**ERASMUS+ TRAINEESHIP PLAN**

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| --- | --- |
| **Name of the organisation providing training:** |  |
| **PIC number** |  |
| **Type of the organisation:** |  |
| **Economic sector:** |  |
| **Legal address:** |  |
| **Person in charge:** |  |
| **Country where the organisation is based:** |  |
| **Country where the training will take place:** |  |
| **Contact person from institution:**  **E-mail:**  **Phone/Fax:** |  |
| **Student's mentor:**  **E-mail:**  **Phone/Fax:** |  |

Trainee Last and First name:

Please, mark with x tasks you can enable the student to do the practice:

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| --- | --- | --- |
| **THE TASKS OF THE TRAINEE** | **YES** | **NO** |
| **Cardiorespiratory physiotherapy** |  |  |
| **Physiotherapy in Orthopedics** |  |  |
| **Physiotherapy in Traumatology** |  |  |
| **Orthotics and Prosthetics** |  |  |
| **Physiotherapy in Sports Medicine** |  |  |
| **Physiotherapy in Rheumathology** |  |  |
| **Physiotherapy in Neurology** |  |  |
| **Physiotherapy in Gynecology** |  |  |
| **Physiotherapy in Oncology** |  |  |
| **Physiotherapy in Psychiatrics** |  |  |
|  |  |  |

Other tasks that student can complete at your institution during the traineeship programme:

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The official working language of traineeship will be       .

The student is required the following minimum knowledge level of this language, according the Common European Framework of references for Language (CEFR):

A1**,** A2, B1, B2, C1, C2.

Date and place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of the person in charge and stamp: