

ANNEX I. EXTERNAL ACADEMIC PLACEMENT CONDITIONS

Reference (if applicable):

STUDENT

NAME AND SURNAME:				ID NUMBER:		
PHONE NUMBER:			E-MAIL:			
CAMPUS:			FACULTY/SCHOOL:			
DEGREE:						
Did you carry out any previous placements? (Only related to the degree indicated above.)					Yes	No
If yes:	Curricular	Extracurricular		Entity		
	Dates:	From		Until		
	Total duration (in hours):					
Indicate as many as necessary: PLACEMENT	Curricular	Extracurricular		Entity		
	Dates:	From		Until		
	Total duration (in hours):					
Indicate as many as necessary: PLACEMENT	Curricular	Extracurricular		Entity		
	Dates:	From		Until		
	Total duration (in hours):					

COLLABORATING ENTITY

ENTITY NAME:			COUNTRY:		
VAT NUMBER :			AGREEMENT DATE:		

SUPERVISOR AT THE ENTITY

SUPERVISOR 1

NAME AND SURNAME:				ID NUMBER:		
POSITION:				HOURS ASSIGNED FOR THE SUPERVISION:		
PHONE NUMBER:			E-MAIL:			

SUPERVISOR 2

NAME AND SURNAME:				ID NUMBER:		
POSITION:				HOURS ASSIGNED FOR THE SUPERVISION:		
PHONE NUMBER:			E-MAIL:			

SUPERVISOR 3

NAME AND SURNAME:				ID NUMBER:		
POSITION:				HOURS ASSIGNED FOR THE SUPERVISION:		
PHONE NUMBER:			E-MAIL:			

ACADEMIC SUPERVISOR

SUPERVISOR 1

NAME AND SURNAME:				ID NUMBER:		
DEPARTMENT:				HOURS ASSIGNED FOR THE SUPERVISION:		
PHONE NUMBER:			E-MAIL:			

SUPERVISOR 2

NAME AND SURNAME:		ID NUMBER:	
DEPARTMENT:		HOURS ASSIGNED FOR THE SUPERVISION:	
PHONE NUMBER:		E-MAIL:	

PLACEMENT CHARACTERISTICS

TYPE OF PLACEMENT:	Curricular	Extracurricular	
MODALITY:	Physical	Virtual	Blended
PERIOD OF EXECUTION	from	until	TOTAL HOURS:
SCHEDULES:		RENUMERATION:	
PLACE OF EXECUTION (only in case of physical or blended placements):			

TRAINING PROJECT

Objectives of the stay and specific activities in which the student will collaborate or support during the execution of the placement:

The execution of the placement requires travelling outside the facilities of the collaborating entity, travels of which the academic supervisor is aware	Yes	No
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Justify its necessity:

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The execution of the training programme requires the student to carry out part of their activity in the facilities of the client entities hosting them	Yes	No
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Justify its necessity:

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Place and date:

Name, surname and signature:

ACADEMIC SUPERVISOR 1

ACADEMIC SUPERVISOR 2

STUDENT

ENTITY SUPERVISOR 1

ENTITY SUPERVISOR 2

ENTITY SUPERVISOR 3

INSTRUCTIONS:

- In case of curricular placements: submit this document, duly signed, to the academic supervisor or to the placement coordinator of your faculty/school.
- In case of extracurricular placements, submit this document, duly signed, to the Fundación da Universidade de Vigo.

BASIC INFORMATION ABOUT THE PROTECTION OF YOUR DATA:

Responsible Entity: Universidade de Vigo

Purpose: To manage and process educational cooperation agreements and to carry out external placements, job offers and practical training exchanges at the Universidade de Vigo.

Legitimacy: The processing of personal data collecting in this document is based on the powers attributed by the organic law 6/2001, of 21 December, on universities and developed by Royal Decree 592/2014, of 1 July, which regulates the external academic placements of university students.

Transfer: Not foreseen

Rights: Interested parties may exercise the following rights: access, rectification, deletion, limitation of processing, opposition and, where appropriate, data portability.

Origin of the information: The information collected in this form comes from the interested party or his/her legal representative.

Additional Information: uvigo.gal/proteccion-datos