

**ANNEX TO THE TRAINING PERIOD AGREEMENT
Project of Development of the Commercial Unit**

NAME of the trainee	
Dates	
Preparation and follow-up: professional missions	
- on (1 day)	- on (1 day)
- on (1 day)	- on (1 day)
- on (1 day)	- on (1 day)
- on (1 day)	- on (1 day)
- on (1 day)	- on (1 day)
5-week training period from..... to..... 20.. (5 weeks) from..... to..... 20.. (5 weeks)	
Name of the firm	Place of the training period (if different)
Address	
Tel. No	
E-mail	
Name of the training tutor	Name of the executive responsible
Tel. No	Tel. No
Position	Position
Activities during the training period	Activities – work assignments
	•
	•
	•
	•
	•
	•
	•
	•

Working hours foreseen (any modification to be sent by letter)

Monday		Thursday	
Tuesday		Friday	
Wednesday		Saturday	
		Sunday	
Date:		Date:	
Name et signature of the teacher responsible (compulsory for the training period agreement):		Name and signature of the tutor in the firm:	