



[Student's name] Academic Year 20.../20...

Student	Last name(s)			Date of birth		učo	Study cycle <sup>2</sup>		
	First name(s)			Nationality <sup>1</sup>		Field of education <sup>3</sup>	Sex [M/F]		
Sending Institution	Name		Erasmus code <sup>4</sup> (if applicable)		Address	education	[W/F]		
	Faculty / Department		Country		Contact person name <sup>5</sup> ; email; phone				
Receiving Institution/ Enterprise	Name		Department		Contact person name <sup>6</sup> ; email; phone				
	Address; website		Country	□ < 250 employees	Mentor <sup>7</sup> name; position;				
			Size	□ > 250 employees	e-mail; phone				
Before the mobility									
Traineeship Programme at the Receiving Organisation/Enterprise									
(to be filled in by the contact person at the receiving organization)									
Information included in this section is pivotal for the application. Please fill this section accordingly.									
		Planned period of the	mobility: from [	month/year]	to [month/year]				
Traineeship	Traineeship title: Number of working hours per week:								
Detailed programme of the traineeship (min. 200 words including time table):									
Knowledge,	Knowledge, skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes):								
Monitoring	Monitoring plan:								
Evaluation p	Evaluation plan:								
			Receiving O	rganisation/Enterp	rise				
		(to be fil			eceiving organization	1)			
The Rec	The Receiving Organisation/Enterprise will provide financial support to the trainee for the traineeship: Yes 🗆 No 🖂 If yes, amount (EUR/month):								
The Receiving Organisation/Enterprise will provide a contribution in kind to the trainee for the traineeship: Yes \( \subseteq \) No \( \subseteq \) If yes, please specify:									
The Receiving Organisation/Enterprise will provide an accident insurance (if not provided by the Sending Institution): Yes $\square$ No $\square$				he accident insurance covers: accidents during travels made for work purposes: Yes  \( \square\) No \( \square\) accidents on the way to work and back from work: Yes \( \square\) No \( \square\)					
The Rec Yes □		Enterprise will provide a liab	ility insurance to	the trainee (if not	provided by the Send	ing Institution)	):		
The Receiving Organisation/Enterprise will provide appropriate support and equipment to the trainee.									
Upon completion of the traineeship, the Organisation/Enterprise undertakes to issue a Traineeship Certificate by dd/mm/yyyy . [no longer than one week after the end of the traineeship]									





[Student's name] Academic Year 20.../20...

The level of language competence <sup>8</sup> in [indicate here the main language of work] that the trainee already has or agrees to acquire by the start of the mobility period is: A1 🗍 A2 🗍 B1 🗍 B2 🗍 C1 🗍 C2 🗍 Native speaker 🗍								
Sending Institution  To be filled in by the responsible person at the sending institution / placement guarantor								
Please use only one of the following three boxes:9								
· -	The traineeship is <b>embedded</b> in the curriculum and upon satisfactory completion of the traineeship, the institution undertakes to:							
Award ECTS credits (or equivalent) <sup>10</sup>	- U		eship certificate [compulsor,	<i>ı</i> ] □ Final rep	oort  Interview  Interview			
	Recognize the traineeship as following MU course(s) (course code, course title):							
·	Record the traineeship in the trainee's Europass Mobility Document: Yes  No  No							
2. The traineeship is <b>voluntary</b> and, upon satisfactory completion of the traineeship, the institution undertakes to:								
Award ECTS credits (or equivalent): Yes $\Box$	No ☐ If yes, pl	ease indicate th	ne number of credits:					
Give a grade: Yes ☐ No ☐ If yes, ple	Give a grade: Yes $\square$ No $\square$ If yes, please indicate if this will be based on: Traineeship certificate [compulsory] $\square$ Final report $\square$ Interview $\square$							
Recognize the traineeship as following MU course(s) (course code, course title):								
	Record the traineeship in the trainee's Transcript of Records: Yes \( \subseteq \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \							
Record the traineeship in the trainee's Europa								
The traineeship is carried out by a recent gradu	·		of the traineeship, the insti	tution undertake	es to:			
Award ECTS credits (or equivalent): Yes	No ⊠	If ye	es, please indicate the num	ber of credits:				
Record the traineeship in the trainee's Europa	ss Mobility Document (h	nighly recomme	nded): Yes 🗆 No 🗆					
Accident insurance for the trainee								
The Sending Institution will provide an accider		ee (if						
not provided by the Receiving Organisation/Enterprise):  - accidents during travels made for work purposes: Yes  No  No					oses: Yes 🗆 No 🗆			
Yes □ No □	Yes □ No □			- accidents on the way to work and back from work: Yes \( \square\) No \( \square\)				
The Sending Institution will provide a liability insurance to the trainee (if not provided by the Receiving Organisation/Enterprise): Yes 🗆 No 🗆								
By signing this document, the trainee, the Sending Institution and the Receiving Organisation/Enterprise confirm that they approve the Learning Agreement and that they will comply with all the arrangements agreed by all parties. The trainee and Receiving Organisation/Enterprise will communicate to the Sending Institution any problem or changes regarding the traineeship period. The Sending Institution and the trainee should also commit to what is set out in the Erasmus+ grant agreement. The institution undertakes to respect all the principles of the Erasmus Charter for Higher Education relating to traineeships (or the principles agreed in the partnership agreement for institutions located in Partner Countries).								
Commitment	Name	Email	Position	Date	Signature			
Trainee			Trainee					
Responsible person <sup>11</sup> at the Sending Institution								
Supervisor <sup>12</sup> at the Receiving Organisation								





[Student's name] Academic Year 20.../20...

### **During the Mobility**

Exceptional Changes to the Traineeship Programme at the Receiving Organisation/Enterprise  (to be approved by signature by the student, the responsible person in the Sending Institution and the responsible person in the Receiving Organisation/Enterprise)								
Planned period of the mobility: from [month/year] till [month/year]								
Traineeship title:			Number of working hours per week:					
Detailed programme of the traineeship period:	Detailed programme of the traineeship period:							
Knowledge, skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes):								
Monitoring plan:								
Evaluation plan:								
Exceptional Changes to the Data about Sending Institution  Please use only one of the following three boxes:								
The traineeship is embedded in the curriculu	ŕ			tion undertakes	to:			
Award ECTS credits (or equivalent)	Give a grade bas	sed on: Trainee	ship certificate [compulsor	y]  Final rep	oort  Interview  Interview			
Recognize the traineeship as following MU co								
Record the traineeship in the trainee's Transco Record the traineeship in the trainee's Europa			(or equivalent).					
	· · · · · · · · · · · · · · · · · · ·		Ait. Ai a a a da atal . a a ta .					
2. The traineeship is <b>voluntary</b> and, upon satisfact	<u> </u>	•						
Award ECTS credits (or equivalent): Yes  Give a grade: Yes  No  If yes, ple			number of credits: ineeship certificate [comp	ulsonul 🗆 Fina	al report  Interview  Interview			
Recognize the traineeship as following MU co				uisoryj 🗀 Tille	arreport - Interview -			
Record the traineeship in the trainee's Transc	ript of Records: Yes	No 🗆						
Record the traineeship in the trainee's Diplom								
Record the traineeship in the trainee's Europass Mobility Document: Yes  No								
3. The traineeship is carried out by a recent gradu	ate and, upon satisfacto	ory completion of	the traineeship, the instit	ution undertake	s to:			
` ' '	Award ECTS credits (or equivalent): Yes □ No ⊠ If yes, please indicate the number of credits:							
Record the traineeship in the trainee's Europass Mobility Document (highly recommended): Yes   No								
Approval by signature of the trainee and of the sending and receiving institution responsible persons.								
Commitment	Name	Email	Position	Date	Signature			
Trainee			Trainee					
Responsible person at the Sending Institution								
Supervisor at the Receiving Organisation								





[Student's name] Academic Year 20.../20...

- <sup>1</sup> Nationality: Country to which the person belongs administratively and that issues the ID card and/or passport.
- <sup>2</sup> **Study cycle:** Short cycle (EQF level 5) / Bachelor or equivalent first cycle (EQF level 6) / Master or equivalent second cycle (EQF level 7) / Doctorate or equivalent third cycle (EQF level 8).
- <sup>3</sup> **Field of education:** The <u>ISCED-F 2013 search tool</u> available at <u>http://ec.europa.eu/education/tools/isced-f\_en.htm</u> should be used to find the ISCED 2013 detailed field of education and training that is closest to the subject of the degree to be awarded to the trainee by the sending institution.
- <sup>4</sup> **Erasmus code**: a unique identifier that every higher education institution that has been awarded with the Erasmus Charter for Higher Education (ECHE) receives. It is only applicable to higher education institutions located in Programme Countries.
- <sup>5</sup> **Contact person at the sending institution**: a person who provides a link for administrative information and who, depending on the structure of the higher education institution, may be the departmental coordinator or will work at the international relations office or equivalent body within the institution.
- <sup>6</sup> **Contact person at the Receiving Organisation**: a person who can provide administrative information within the framework of Erasmus+ traineeships.
- <sup>7</sup> **Mentor**: the role of the mentor is to provide support, encouragement and information to the trainee on the life and experience relative to the enterprise (culture of the enterprise, informal codes and conducts, etc.). Normally, the mentor should be a different person than the supervisor.
- <sup>8</sup> **Level of language competence**: a description of the European Language Levels (CEFR) is available at: <a href="https://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr">https://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr</a>

#### <sup>9</sup> There are three different provisions for traineeships:

- 1. Traineeships embedded in the curriculum (counting towards the degree);
- 2. Voluntary traineeships (not obligatory for the degree);
- 3. Traineeships for recent graduates.
- <sup>10</sup> **ECTS credits or equivalent**: in countries where the "ECTS" system it is not in place, in particular for institutions located in Partner Countries not participating in the Bologna process, "ECTS" needs to be replaced in all tables by the name of the equivalent system that is used and a weblink to an explanation to the system should be added.
- <sup>11</sup> **Responsible person at the sending institution**: this person is responsible for signing the Learning Agreement, amending it if needed and recognising the credits and associated learning outcomes on behalf of the responsible academic body as set out in the Learning Agreement. The name and email of the Responsible person must be filled in only in case it differs from that of the Contact person mentioned at the top of the document.
- <sup>12</sup> **Supervisor at the Receiving Organisation**: this person is responsible for signing the Learning Agreement, amending it if needed, supervising the trainee during the traineeship and signing the Traineeship Certificate. The name and email of the Supervisor must be filled in only in case it differs from that of the Contact person mentioned at the top of the document.