**EEA GRANTS 2014-2021: PROGRAMME EDUCATION**

**LEARNING AGREEMENT**

**Students of Higher Education Institutions - Traineeship (work placement)**

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| --- | --- |
| **Project title** |  |
| **Project number** | **EHP-CZ-MOP-1-xxx** |
| **Academic year** | **20../20..** |
| **Participant (trainee)** |
| Last name(s) |  | First name(s) |  |
| Date of birth |  | Gender |  |
| Study cycle1 |  | Field of education2 |  |
| **Sending institution** |
| Name |  | Faculty / department |  |
| Address |  | Country |  |
| **Receiving institution** |
| Name |  | Faculty / department |  |
| Address |  | Country |  |

**Before the mobility**

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| **TABLE A*****Traineeship programme at the receiving organisation***Planned period of the mobility: from [DD/MM/YY] to [DD/MM/YY] |
| **Traineeship title** |  | **Number of working hours per week** |  |
| **Detailed programme of the traineeship** |
|  |
| **Knowledge, skills and competences to be acquired by the end of the traineeship (expected learning outcomes)** |
|  |
| **Monitoring plan** |
|  |
| **Evaluation plan** |
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| **TABLE B*****Sending institution***Please use only one of the following possibilities |
| **1. The traineeship is embedded in the curriculum and upon satisfactory completion of the traineeship, the institution undertakes to:** (please, choose the suitable options) |
| Award ECTS credits (if yes, please specify the number of credits provided) | *yes, No. of ECTS… / no*  |
| Give a grade based on | Traineeship certificate | *yes / no*  |
| Final report | *yes / no*  |
| Interview | *yes / no*  |
| Record the traineeship in the trainee’s Transcript of Records and Diploma Supplement | *yes / no*  |
| **2. The traineeship is voluntary and, upon satisfactory completion of the traineeship, the institution undertakes to:** (please, choose the suitable options) |
| Award ECTS credits (please specify the number of credits provided) | *yes / no* |
| Give a grade based on | Traineeship certificate | *yes / no* |
| Final report | *yes / no* |
| Interview | *yes / no* |
| Record the traineeship in the trainee’s Transcript of Records and Diploma Supplement | *yes / no* |
| **The sending institution will provide an accident insurance to the trainee** | *yes / no* |

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| **TABLE C*****Receiving organisation*** |
| The receiving organisation will provide financial support to the trainee for the traineeship | *yes / no* |
| The receiving organisation will provide a contribution in kind to the trainee for the traineeship (if yes, please specify) | *yes / no* |
| The receiving organisation will provide an accident insurance to the trainee | *yes / no* |
| The receiving organisation will provide a liability insurance to the trainee | *yes / no* |
| The receiving organisation will provide appropriate support and equipment to the trainee | *yes / no* |

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| **COMMITMENT***By signing this document, the student, the sending institution and the receiving institution confirm that they approve the Learning Agreement and that they will comply with all the arrangements agreed by all parties. Sending and receiving Institutions undertake to apply all the principles of the Erasmus Charter for Higher Education relating to mobility for studies and to respect provisions agreed in the Partnership Agreement. The sending institution and the student should also commit to what is set out in their mutual agreement. Any exceptions to this rule are documented in an annex of this Learning Agreement and agreed by all parties. The student and the receiving institution will communicate to the sending institution any problems or changes regarding the study programme, responsible persons and/or study period.* |
| **Commitment** | **Name** | **Email** | **Position** | **Date** | **Signature** |
| Participant |  |  | trainee |  |  |
| Responsible person at the sending institution |  |  |  |  |  |
| Responsible person at the receiving organisation |  |  |  |  |  |

**During the mobility**

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| **EXCEPTIONAL CHANGES TO TABLE A*****Traineeship programme at the receiving organisation***to be approved by e-mail or signature by the student and the responsible persons in the sending institution and the receiving organisation |
| **Traineeship title** |  | **Number of working hours per week** |  |
| **Detailed programme of the traineeship** |
|  |
| **Knowledge, skills and competences to be acquired by the end of the traineeship (expected learning outcomes)** |
|  |
| **Monitoring plan** |
|  |
| **Evaluation plan** |
|  |

**After the mobility**

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| **TABLE D*****Traineeship Certificate by the receiving organisation*** |
| **Name of the trainee** |  |
| **Name of the receiving organisation** |  |
| **Address of the receiving organisation** |  |
| **Period of the mobility** | from [DD/MM/YY] to [DD/MM/YY] |
| **Traineeship title** |  |
| **Detailed programme of the traineeship period including tasks carried out by the trainee** |
|  |
| **Knowledge, skills and competences acquired by the end of the traineeship (achieved learning outcomes)** |
|  |
| **Evaluation of the trainee** |
|  |
| **Date** |  |
| **Name and signature of the responsible person in the receiving organisation** |  |

**EXPLANATORY NOTES**

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| 1 | **Study cycle** | Choose one of the following:* **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)
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| 2 | **Field of education** | To specify the field of education, the [ISCED-F 2013 search tool](https://ec.europa.eu/education/international-standard-classification-of-education-isced_en) should be used. |
| Circulating papers with original signatures are not compulsory. **Scanned copies of signatures or electronic signatures may be accepted, depending on the national legislation of the country of the sending institution.**  |