

Trainee	Last name(s)	First name(s)	Date of birth	Nationality	Sex [M/F]	Study cycle	Field of education
Sending Institution	Name	Faculty/ Department	Erasmus code (if applicable)	Address	Country	Contact person name; email; phone	
Receiving Organisation /Enterprise	Name	Department	Address; website	Country	Size	Contact person name; position; e-mail; phone	Mentor name; position; e-mail; phone
					<input type="checkbox"/> < 250 employees <input type="checkbox"/> > 250 employees		

Before the mobility

Table A - Traineeship Programme at the Receiving Organisation/Enterprise Planned period of the mobility: from [month/year] to [month/year]	
Traineeship title: ...	Number of working hours per week: ...
Detailed programme of the traineeship:	
Traineeship in digital skills: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Knowledge, skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes):	
Monitoring plan:	
Evaluation plan:	

The level of **language competence** 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

Table B - Sending Institution

Please use only one of the following three boxes:

1. The traineeship is **embedded in the curriculum** and upon satisfactory completion of the traineeship, the institution undertakes to:
 Award ECTS credits (or equivalent) Give a grade based on: Traineeship certificate Final report Interview
 Record the traineeship in the trainee's Transcript of Records and Diploma Supplement (or equivalent).
 Record the traineeship in the trainee's Europass Mobility Document: Yes No
2. The traineeship is **voluntary** and, upon satisfactory completion of the traineeship, the institution undertakes to:
 Award ECTS credits (or equivalent): Yes No If yes, please indicate the number of credits:
 Give a grade: Yes No If yes, please indicate if this will be based on: Traineeship certificate Final report Interview
 Record the traineeship in the trainee's Transcript of Records: Yes No
 Record the traineeship in the trainee's Diploma Supplement (or equivalent).
 Record the traineeship in the trainee's Europass Mobility Document: Yes No
3. The traineeship is carried out by a **recent graduate** and, upon satisfactory completion of the traineeship, the institution undertakes 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

Accident insurance for the trainee

- The Sending Institution will provide an accident insurance to the trainee (if not provided by the Receiving Organisation/Enterprise): Yes No
- The accident insurance covers:
- accidents during travels made for work purposes: Yes No
 - accidents on the way to work and back from work: Yes No
- The Sending Institution will provide a liability insurance to the trainee (if not provided by the Receiving Organisation/Enterprise): Yes No

Table C - Receiving Organisation/Enterprise

- 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 No
 If yes, please specify:
- The Receiving Organisation/Enterprise will provide an accident insurance to the trainee (if not provided by the Sending Institution): Yes No
- The accident insurance covers:
- accidents during travels made for work purposes: Yes No
 - accidents on the way to work and back from work: Yes No
- The Receiving Organisation/Enterprise will provide a liability insurance to the trainee (if not provided by the Sending Institution): Yes No
- 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 within 5 weeks after the end of the traineeship.

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.

Commitment	Name	Email	Position	Date	Signature
Trainee			<i>Trainee</i>		
Responsible person at the Sending Institution					
Supervisor at the Receiving Organisation					

During the Mobility

Table A2 - Exceptional Changes to the Traineeship Programme at the Receiving Organisation/Enterprise (to be approved by e-mail or 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:	
Knowledge, skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes):	
Monitoring plan:	
Evaluation plan:	

After the Mobility

Table D - Traineeship Certificate by the Receiving Organisation/Enterprise	
Name of the trainee:	
Name of the Receiving Organisation/Enterprise:	
Sector of the Receiving Organisation/Enterprise:	
Address of the Receiving Organisation/Enterprise [street, city, country, phone, e-mail address], website:	
Start date and end date of traineeship: from [day/month/year] to [day/month/year]	
Traineeship title:	
Detailed programme of the traineeship period including tasks carried out by the trainee:	

Knowledge, skills (intellectual and practical) and competences acquired (achieved Learning Outcomes):

Evaluation of the trainee:

Date:

Name and signature of the Supervisor at the Receiving Organisation/Enterprise: