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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Trainee** | | **Last name(s)** | | **First name(s)**  **Learning Agreement**  **Student Mobility for Traineeships** | **Date of birth** | | **Nationality**[[1]](#endnote-2) | | **Gender [Male/Female/Undefined]** | | **Study cycle**[[2]](#endnote-3) | | **Field of education**[[3]](#endnote-4) | |
| Click here to enter text. | | Click here to enter text. | Click here to enter text. | | Click here to enter text. | | Click here to enter text. | | Click here to enter text. | | Click here to enter text. | |
| **Email address** | | | | | **Telephone number** | | | | **Home address** | | | |
| Click here to enter text. | | | | | Click here to enter text. | | | | Click here to enter text. | | | |
| **Sending Institution** | | **Name** | | **Faculty/ Department** | **Erasmus code**[[4]](#endnote-5) (if applicable) | | **Address** | | **Country** | | **Contact person name**[[5]](#endnote-6)**; email; phone** | | **Departmental coordinator name****[[6]](#endnote-7); email; phone** | |
| Saarland University | | Click here to enter text. | D SAARBRU01 | | Campus,  D-66123 Saarbrücken | | Germany | | Bettina Jochum,  Coordinator Erasmus+ SMP Email : [b.jochum@io.uni-saarland.de](mailto:b.jochum@io.uni-saarland.de)  Phone : +49 (0) 681 302 71109 | | Click here to enter text. | |
| **Receiving** **Organisation/Enterprise** | | **Name** | | | **Department** | | **Website** | | **Country** | | **Address** | | **Size** | |
| Click here to enter text. | | | Click here to enter text. | | Click here to enter text. | | Click here to enter text. | | Click here to enter text. | | < 250 employees  > 250 employees | |
| **Contact person[[7]](#endnote-8) name; position; email; phone** | | | | | | | **Mentor[[8]](#endnote-9) name; position;**  **email; phone** | | | | | |
| Click here to enter text. | | | | | | | Click here to enter text. | | | | | |
| **Before the mobility** | | | | | | | | | | | | | | |
|  | ***Table A - Traineeship Programme at the Receiving Organisation/Enterprise*** | | | | | | | | | | | | | |
| **Planned period of the physical mobility: from** Day/Month/Year **to** Day/Month/Year  **If applicable, planned period(s) of the virtual mobility: from** Day/Month/Year **to** Day/Month/Year | | | | | | | | | | | | | | |
| **Traineeship title:**  Click here to enter text. | | | | | | | | | **Number of working hours per week (Minimum 35h)**:  Click here to enter text. | | | | | |
| **Detailed programme of the traineeship:**  Click here to enter text. | | | | | | | | | | | | | | |
| **Traineeship in digital skills[[9]](#endnote-10): Yes No** | | | | | | | | | | | | | | |
| **Knowledge**, **skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes):**  Click here to enter text. | | | | | | | | | | | | | | |
| **Monitoring plan:**  Click here to enter text. | | | | | | | | | | | | | | |
| **Evaluation plan:**  Click here to enter text. | | | | | | | | | | | | | | |
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| The level of **language competence[[10]](#endnote-11)** 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* | | | | | | | | | | | | | | |

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| ***Table B - Sending Institution***  *Please use only one of the following three boxes:* **[[11]](#endnote-12)**   1. The traineeship is **embedded in the curriculum** and upon satisfactory completion of the traineeship, the institution undertakes to:  |  |  | | --- | --- | | Award Indicate here the number of ECTS. ECTS credits (or equivalent)[[12]](#endnote-13) | 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 | |  1. 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: ECTS 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 | | |  1. 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: Indicate here the number of ECTS. | | 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 | Name | Email | *Trainee* | Day/Month/Year |  |
| Departmental coordinator6 at the Sending Institution | Name | Email | Position | Day/Month/Year |  |
| Supervisor[[13]](#endnote-14) at the Receiving Organisation | Name | Email | Position | Day/Month/Year |  |

**During the Mobility**

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|  | ***Table A2 - Exceptional Changes to the Traineeship Programme at the Receiving Organisation/Enterprise***  (to be approved by email or signature by the student, the departmental coordinator at the Sending Institution and the responsible person in the Receiving Organisation/Enterprise;  to be submitted **at the latest 4 weeks before the changes come into effect**) | | | | | | |
| **Planned period of the mobility: from** Day/Month/Year **to** Day/Month/Year  **If applicable, planned period(s) of the virtual mobility: from** Day/Month/Year **to** Day/Month/Year | | | | | | | |
| **Name of the trainee:** Click here to enter text. | | | | | | | | |
| **Traineeship title:** Click here to enter text. | | | | **Number of working hours per week:** Click here to enter text. | | | |
| **Detailed programme of the traineeship period:**  Click here to enter text. | | | | | | | |
| **Knowledge**, **skills and competences to be acquired by the end of the traineeship (expected Learning Outcomes)**:  Click here to enter text. | | | | | | | |
| **Monitoring plan:**  Click here to enter text. | | | | | | | |
| **Evaluation plan:**  Click here to enter text. | | | | | | | |
| **Commitment** | | **Name** | **Email** | | **Position** | **Date** | **Signature** |
| Trainee | | Name | Email | | *Trainee* | Day/Month/Year |  |
| Departmental coordinator6 at the Sending Institution | | Name | Email | | Position | Day/Month/Year |  |
| Supervisor13 at the Receiving Organisation | | Name | Email | | Position | Day/Month/Year |  |

**After the Mobility**

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| ***Table D - Traineeship Certificate by the Receiving Organisation/Enterprise*** |
| **Name of the trainee:** Click here to enter text. |
| **Name of the Receiving Organisation/Enterprise:** Click here to enter text. |
| **Sector of the Receiving Organisation/Enterprise:** Click here to enter text. |
| **Address of the Receiving Organisation/Enterprise** [street, city, country, phone, e-mail address]**, website:**  Click here to enter text. |
| **Start date and end date of the complete traineeship (incl. virtual component, if applicable): from** Day/Month/Year **to** Day/Month/Year  **Start date and end date of physical mobility: from** Day/Month/Year **to** Day/Month/Year |
| **Traineeship title:**  Click here to enter text. |
| **Detailed programme of the traineeship period including tasks carried out by the trainee:**  Click here to enter text. |
| **Knowledge, skills (intellectual and practical) and competences acquired (achieved Learning Outcomes):**  Click here to enter text. |
| **Evaluation of the trainee:**  Click here to enter text. |
| **Date:** Click here to enter text. |
| **Stamp, name and signature of the Supervisor at the Receiving Organisation/Enterprise:**  Name |
| **-Stamp here-** |
| *Please note that this document should be filled in at the end of the student’s stay abroad (5 days prior to departure at the earliest!)* |

1. **Nationality:** Country to which the person belongs administratively and that issues the ID card and/or passport. [↑](#endnote-ref-2)
2. **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). [↑](#endnote-ref-3)
3. **Field of education:** The [ISCED-F 2013 search tool](http://ec.europa.eu/education/tools/isced-f_en.htm) available at <http://ec.europa.eu/education/tools/isced-f_en.htm> 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. [↑](#endnote-ref-4)
4. **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. [↑](#endnote-ref-5)
5. **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. [↑](#endnote-ref-6)
6. **Departmental coordinator 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. List of UdS Departmental Coordinators: <https://www.uni-saarland.de/global/erasmus/koordinatoren.html>. [↑](#endnote-ref-7)
7. **Contact person at the Receiving Organisation**: a person who can provide administrative information within the framework of Erasmus+ traineeships. [↑](#endnote-ref-8)
8. **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. [↑](#endnote-ref-9)
9. **Traineeship in digital skills:** any traineeship where trainees receive training and practice in at least one or more of the following activities: digital marketing (e.g. social media management, web analytics); digital graphical, mechanical or architectural design; development of apps, software, scripts, or websites; installation, maintenance and management of IT systems and networks; cybersecurity; data analytics, mining and visualisation; programming and training of robots and artificial intelligence applications. Generic customer support, order fulfilment, data entry or office tasks are not considered in this category. [↑](#endnote-ref-10)
10. **Level of language competence**: a description of the European Language Levels (CEFR) is available at: <https://europass.cedefop.europa.eu/en/resources/european-language-levels-cefr> [↑](#endnote-ref-11)
11. **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. [↑](#endnote-ref-12)
12. **ECTS credits or equivalent**: in countries where the "ECTS" system it is not in place, "ECTS" needs to be replaced in all tables by the name of the equivalent system that is used and a web link to an explanation to the system should be added. [↑](#endnote-ref-13)
13. **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. [↑](#endnote-ref-14)